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THE

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STORAGE

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# Original Communications.

## The Development of Myopia among the School Children of America.

READ BEFORE THE OHIO VALLEY MEDICAL ASSOCIATION, BY THE RETIRING PRESIDENT, REUBEN A. VANCE, GALLIPOLIS, OHIO.

There is one very important subject to which I desire to draw your attention, and in reference to which I think some immediate action is demanded on the part of all medical organizations. This relates to the development of myopia among the school children of this country—an affection which is not more ruinous in its ultimate results than it is controllable in its early stages.

It is now nearly a year since the Hon. Charles S. Smart, the State School Commissioner of Ohio, requested me to furnish him with such data in reference to the medical aspects of the school system of this state as would enable him to make such suggestions as the urgency of the matter would seem to require; and in compliance with this request I collected such hygienic

data as were accessible, but an unfortunate illness prevented the preparation of my report in time to be of service to him.

The degree in which myopia is due to our present educational system is so strikingly exemplified by the statistics at my disposal that I have thought it worth while to bring the matter to your attention, and request such action as you may think necessary in the premises

In the first place, let me say, in the language of Dr. Derby, the eminent oculist, of Boston, that myopia, or near-sightedness, is by no means the harmless and innocent affection that ordinary text books on physiology have so long represented it. No idea concerning the organ of vision is more firmly grounded in the popular mind than that a near-sighted eye is a *strong* eye, the difficulty depending on an undue convexity of the crystalline lens or of the cornea, and likely to be corrected in after years by the flattening of one or the other. How utterly false this view is, every ophthalmologist well knows, yet many medical men still entertain it. The truth is by no means universally diffused through the profession, and THE FACT *that near-sightedness depends on a change in shape, an elongation of the eye-ball,* ITS PROGRESS, *on an increase in that elongation,* ITS DANGERS, *on that elongation being pressed beyond the power of endurance of the tissues of which the organ of sight is composed,* should be dwelt upon in every medical society until these ideas become the property of all their members.

In fact, myopia is either stationary or progressive; the stationary variety, unfortunately, being the rarest form of the disease. The popular idea of this disease is based upon the history of cases of stationary myopia in which, after the fortieth year, the degree of near-sightedness may even diminish slightly, owing to the senile flattening of the lens and contraction of the pupil, which neutralizes, to some extent, the unnatural length of the globe. It is only in exceptional cases, however, that this takes place—progressive myopia is the rule.

Progressive myopia is well described in the words of Donders, which I quote from a report recently made by Dr. Hasket Derby, of Boston, to the president of Harvard College. "When

the increase in length of the eye has reached a certain point, its layers become so thin and their power of resistance so much diminished, that the stretching process can *no longer remain stationary*, especially as the pressure in the interior of the myopic eye is generally somewhat heightened. The progressive stretching and the progressive myopia go hand in hand, *and here we have a true disease of the eye. I understandingly proclaim a myopic eye to be a diseased eye.* High degrees of myopia are much less likely to remain stationary than slight degrees; even in advanced age they are liable to increase. Nearly all myopia is progressive in the young, its increase being often coupled with symptoms of irritation. This time of life is the critical one for the myopic eye; if during its continuance the myopia does not appreciably increase, it may remain stationary. If, however, it considerably advances, it will ultimately become more difficult to limit its progress. *This is, therefore, the time when special efforts must be made to guard against injurious influences.* On this point I can hardly lay sufficient stress. Apprehension must be entertained with regard to the future of every case of progressive myopia. For, if it constantly progresses, distressing symptoms soon arise, interfering with the usefulness of the eye And, not infrequently, at the age of fifty or sixty, *in some cases even earlier*, vision may be irretrievably destroyed. Such an issue may be due to *retinal separation*, to *hæmorrhage*, or finally to *atrophy* (suspension of nutrition) and degeneration of the macula (the most sensitive portion of the retina)."

Modern methods of investigation enable the surgeon to determine not only the degree of divergence in shape from the normal standard of the eye, but also to estimate the acuteness of vision inherent in either retina. Consequently, the extent of myopia and the acuteness of vision existing in a patient can be determined at any time. When the results of prior examinations have been recorded, the course pursued by an eye can be ascertained with the greatest ease and accuracy. Thus, the myopia and the visual power being measured and stated in simple figures, a subsequent examination will easily ascertain

whether the myopia has progressed or the visual power degenerated, and express it in the same simple manner, while the difference between the first and second sets of figures will show the extent of the increase and the amount of the degeneration. Such examinations have been made in Europe for a number of years, and recently in this country. A brief reference to their results as epitomized by Dr. Derby in his already referred to, "Report on the Percentage of Near-sight found to exist in the Class of 1880 at Harvard College," will clearly demonstrate their utility.

It is to be borne in mind that the point they illustrate is the progress of myopia, due to the modern system of education, and that the end in view is the elimination, so far as possible, of the special exciting cause or causes, when they are once ascertained.

First, then, we will take up the well known and often quoted results of Dr. Cohn's investigations. About the year 1867, Dr. Cohn, of Breslau, examined the eyes of 10,060 school children and students. The following is a summary of his results:

In the village schools there was no myopia among children who had not yet completed their first half year of work. Taking these schools as a whole, there was 1.4 per cent. of myopia.

Taking all schools together and following the scholars, at successive intervals, from the first half year to the fourteenth year of school life, the percentage of myopia was found to be the following:

| | |
|---|---|
| First half year | 0.4 |
| Second half year, to second year | 4.8 |
| Third and fourth years | 8.6 |
| Fifth and sixth years | 7.9 |
| Seventh and eighth years | 11.3 |
| Ninth and tenth years | 24.1 |
| Eleventh and twelfth years | 49.5 |
| Thirteenth and fourteenth years | 63.6 |

In 1871 Dr. Erismann published the results at which he arrived after examining 4,358 scholars at various educational

establishments in St. Petersburg. The pupils were from eight to twenty years of age. They were arranged in five classes, the fifth being the most advanced, and the following is the percentage of myopia in each:

Preparatory class..... 13.6
First class..... 15.8
Second class..... 22.4
Third class..... 30.7
Fourth class..... 38.4
Fifth class..... 41.3

Dr. Reuss, in 1872–3–5 examined 1,050 pupils at the Gymnasia, of Vienna. They were arranged in eight classes, and the following is the percentage of myopic individuals in each:

First class..... 33.4
Second class..... 39.4
Third class..... 47.0
Fourth class..... 48.2
Fifth class..... 43.5
Sixth class..... 47.7
Seventh class..... 61.4
Eighth class..... 59.6

After one year had elapsed, Dr. Reuss found forty-one per cent. of the myopic eyes unchanged, while the difficulty had increased in forty-seven and seven-tenths per cent. In the third year twenty-eight and four-tenths per cent. only remained unchanged, while sixty-one per cent. had grown more near-sighted.

In 1874–5 Dr. Conrad examined the eyes of 3,036 school children in Kœnigsberg, and found the percentage of myopia to rise as follows:

Eighth class (the youngest)..... 11.1
Seventh class..... 15.8
Sixth class..... 20.5
Fifth class..... 21.8
Fourth class..... 28.44

Third class.....44.39
Second class.....54.59
First class.....62.10

Dr. Pfluger, in 1876, published the results of his investigations in the schools of Lucerne, 1,846 pupils being examined, and found myopia present in the following percentage according to age:

Seventh year of age..... 0.
Eighth " ..... 2.
Ninth " ..... 3.
Tenth " ..... 6.
Eleventh " ..... 6.5
Twelfth " ..... 6.
Thirteenth " .....10.
Fourteenth " .....14.5
Fifteenth " .....26.
Sixteenth " .....30.
Seventeenth " .....43.
Eighteenth " .....55.
Nineteenth " .....56.
Twentieth " .....40.
Twenty-first " .....61.5

The New York *Medical Record* for Jan. 20th, 1877, contained an article by Dr. Cornelius R. Agnew, on "Near-sightedness in the Public Schools," which had been read before the Medico-Legal Society of that city, Jan. 3d, 1877. He detailed the results at which he had arrived as the result of an analysis of observations made in New York city by Dr. W. Cheatham, in Brooklyn, by Drs. Prout and Matthewson, and in Cincinnati, by Drs. Ayres and Williams. In all, 1,479 students were examined, 630 in Cincinnati, 549 in New York, and 300 in Brooklyn. The following is the percentage of myopia:

CINCINNATI.

District school.....10 per cent.
Intermediate school.....14 per cent.
High school.....16 per cent.

NEW YORK COLLEGE.

| | |
|---|---|
| Introductory department | 29 per cent. |
| Freshman class | 40 " |
| Sophomore " | 35 " |
| Junior " | 53 " |
| Senior. " | 37 " |

BROOKLYN POLYTECHNIC

| | |
|---|---|
| Academic department | 10 per cent. |
| Collegiate " | 28 " |

The distinguished author, in referring to the examinations made in the New York College, very justly alludes to the class of students in attendance there as young men of more than ordinary intelligence. Boys in the public schools of that city reach the college by merit, and as a class, they are all hard students. Several years' residence in the immediate neighborhood of that institution rendered me familiar with its workings, and enables me to explain one apparent anomaly in the statistics of myopic students attending there. I was personally acquainted with several young men who became so myopic while there that they were compelled to leave college. This fact, which must always be borne in mind as a factor that invariably reduces the percentage of myopia in senior classes in colleges, is one that operates with great severity in this particular institution, for within its walls is concluded the student life of many hard working myopics, who have been growing more and more short sighted ever since they entered the public schools, from five to eight years before.

Dr. Hasket Derby, in the valuable "Report" from which I have extracted many of the foregoing facts, says that in 1875 he commenced a series of examinations at Amherst College which he intends to keep up for some years to come, and he hopes to be able to deduce facts of practical importance from the careful study of the different phases that myopia assumes in the same individual at different periods of his career. This examination was repeated in the fall of 1876. The classes of 1879 and 1880 were required to report to him for examination,

and were furnished time for that purpose. In the fall of 1875 twenty-eight per cent. of the class of 1879 were found to be myopic, and one year later (1876) fifty per cent. of these had grown more myopic. Twenty-seven per cent. of the class of 1880 were found to be near-sighted early in their Freshman year.

Through the kindness of the Faculty of Harvard College, Dr. Derby was enabled to examine volunteers from the class of 1880, in that institution, during January of the present year. One hundred and twenty-two students presented themselves, and out of this number twenty-nine and nine-tenths per cent. were found to be myopic. Strange to say, twenty-two per cent. of these thought their vision normal prior to examination.

The appalling character of these facts must be evident to every medical man. A system of education which operates so that those who enter upon it with healthy eyes at seven and leave it at fourteen with an organic disease of the most serious character threatening their visual power in a proportion of more than six out of every ten students, is not worthy of that name. Fortunately, with us matters are not so bad as that—it is in Germany where this wholesale destruction of human eyes prevails at present. With us the percentage is not quite so high—in fact, is just about half that just quoted. In other words, according to our imperfect statistics, our educational system only ruins three out of ten of every pair of eyes submitted to its routine. But I have no hesitation in saying that could the state of the eyes of those who ultimately enter New York City College be traced from their first admission to the common schools of that city, we would find myopia developed among those students in a proportion far greater than that discovered by Cohn. Can any words of mine add emphasis to this great evil, or depict more forcibly its enormity?

I trust, gentlemen, that the Ohio Valley Medical Association may have the honor of being the first society on this continent to take steps to bring this subject to the attention of the community, and by taking such action as it may deem necessary in the premises, to do its share in abolishing this great and increasing evil.

## Clinical Reports.

BY H. W. LONGYEAR, M.D., RESIDENT PHYSICIAN TO HARPER HOSPITAL.

### RECURRENT HYDROCELE

The following case of hydrocele of the tunica vaginalis is of interest because of its persistent recurrence after the most radical treatment by repeated injections of iodine, the use of the seton, and free incision.

Mr. W. J., aged 22 years, born in Michigan, unmarried, previous health good; patient's brother had hydrocele when two or three years of age.

The hydrocele occurred first in 1870 with no apparent cause, and attended with little pain, the tunica vaginalis of both sides being filled with the serous effusion. From this time until the patient entered Harper Hospital in the spring of 1874, the effusion was drawn with the trochar and canula, and the sacs injected with tincture of iodine a number of times, but with no permanent benefit.

The patient first entered the hospital April 5, 1874, at which time Dr. T. A. McGraw operated on the left side, by laying it freely open with the knife and packing with lint. The cavity was packed with fresh lint twice daily until it healed from the bottom by granulation, which it did in about four weeks. At this time the right side was considerably inflamed from the effects of a recent injection of iodine, so it was not interfered with. Patient returned in the fall of 1874, at which time the left side (the one operated on) was found to be well, and the tunica vaginalis of the right side distended with fluid. This was also operated on and treated the same as the left had been. This remained well for a period of about seven months, when the sac began to fill slowly and painlessly, and the patient again became an inmate of the hospital in the spring of 1876. At this time Dr. McGraw operated by making two incisions, one at each end of the sac, and passing a seton, formed of a

piece of broad cotton bandage, through the openings. New setons were introduced, their size gradually lessening, every five or six days, until at the end of four weeks, the last small one was removed and the wounds allowed to close, after which the adhesions seemed to close the sac completely, and the patient was discharged.

The sac began to refill in the same manner as before in about five weeks after leaving the hospital, and continued to remain painlessly distended until May, 1877, when the patient again entered the hospital, and Dr. McGraw operated for the third time. This operation was performed in the same manner as the one immediately preceding, with the exception of a thorough painting of the surface of the tunica vaginalis with tincture of iodine before introducing the seton. The first seton was kept in two weeks, when it was removed and replaced by a large rubber tube perforated midway in its length by three small holes, and through this tube a strong solution of carbolic acid (gttxxx to ʒi) was injected once in two days. This tube was replaced by a similar tube of smaller size in about ten days, and this by a doubled silver wire a few days before his discharge from the hospital, with instructions to draw it back and forth occasionally, and allow it to remain six weeks.

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SUPPOSED CASE OF MALARIAL FEVER SIMULATING VARIOLA.

This case presents an interesting illustration of the fact that there are other diseases which closely resemble variola in its early stages, and warn the physician against making a positive diagnosis of variola before the vesicle has formed.

Henry H., aged 22 years, laborer, of American birth, light complexion, rather stout build, well nourished, entered Harper Hospital as a patient Thursday evening, June 21, 1877. The case had the following history: On the preceding Monday morning he experienced a sharp chill, accompanied by vomiting, a slight diarrhœa, pain in back, loins and head, which was followed by a high fever, which the patient said had continued up to the time of his admission to the hospital. On Wednes-

day, the day before entering the hospital, a profuse erythematous eruption made its appearance on the chest, face and arms.

At the time of his admission to the hospital the patient's temperature was 104½° F., pulse 120, face deeply flushed, eyes slightly bloodshot, pain in back and head, tongue thickly covered with a thick coating, no diarrhœa or vomiting, mind seemed dull and inactive, and patient had to be questioned quite sharply to elicit answers. The erythematous eruption now covered the whole trunk, face, arms, and upper part of the thighs. No papules could be discovered, excepting a few on the face, and these the patient said he often had during health.

Dr. Inglis saw the patient, and, awaiting further developments, prescribed large doses of quinine to reduce the temperature, the first of which was given at 6 P. M., when twenty grains of sulphate of cinchonidia in solution was administered. At 12, midnight, the temperature had fallen to 102½ degrees. Twelve grains of sulphate of quinine in solution were now given. The temperature and other febrile symptoms continued to abate steadily until 9 A. M. Friday, when the patient's temperature was normal, pulse 85, and the erythema greatly diminished. At this time there was quite a number of spots on the abdomen that resembled the roseola spots of typhoid fever. The cinchonidia was continued in doses of seven grains three times a day until Saturday afternoon, when the eruption had entirely disappeared, and the patient said he felt quite well, although a little weak, and his father took him home.

In this case there were no febrile symptoms whatever after the temperature had fallen to 98½° on Friday morning.

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## Neuralgic Dysmenorrhœa.

READ BEFORE THE ST. JOSEPH VALLEY DISTRICT MEDICAL SOCIETY.
BY R. S. HAGGERTY.

Menstruation is variously described as an exudation, oozing or extravasation of blood from the mucous membrane of the uterus, or from the ovaries, tubal and uterine mucous membranes, which are thus relieved from an intensely congested con-

dition, caused by a maturing ovum. The turgid, or erected, condition of the parts causes the fimbriated extremity of the tube to clasp the ovary and press the ovum through its proper channel. Recent investigations have thrown doubt on the presumed dependence of the menstrual flux on ovulation, and have rendered it highly probable that the flow is "the terminal change only of a cycle of changes which begin at the cessation of one menstrual flow, passing through the developmental changes of the mucous membrane of the uterus, and ending with the cessation of the flow next following." That is not a congestion, nor a species of erection, "but a molecular disintegration of the mucous membrane of the body of the uterus, followed by hæmorrhage," being, at such period, either a desquamation of the entire mucous membrane or a destruction by fatty degeneration of the surface layer of the membrane, ovulation, if present, being incidental, and not the cause of it. Another cause of hæmorrhage is muscular contraction of the uterus, which exists in normal menstruation almost certainly, and without question in dysmenorrhœa.

While the connection of ovulation with menstruation is a subject of interest and importance, we will not discuss it here, as the form of dysmenorrhœa we shall consider does not demand it.

Normal menstruation is manifested frequently by the discharge alone, although uneasiness, heaviness about the loins, and slight pains in the back and pelvis are not considered pathological, because many healthy women have such symptoms from the muscular contractions necessary to expel the blood and detritus. But where pain exists of such a character as to call for relief, it is styled dysmenorrhœa, the term referring to the pain and not to the cause of it.

Prior to 1826 it was commonly reckoned to be the local expression of a constitutional difficulty. In that year Mackintosh treated a case of amenorrhœa by dilating the neck, and afterwards fifteen cases of dysmenorrhœa successfully in the same way, using "common metallic bougies from the size of an ordinary probe to No. 8 or 10." There were cases of stenosis, the

dysmenorrhœa being mechanical. Since that time there has been a tendency to attribute the disease to local causes, until now but few cases are assigned to general causes, and they are of doubtful acceptance, some vice of the blood or of the nerves being the scapegoat called upon to bear off the sins producing it. The local causes are cancerous, fibroid or other tumors narrowing the channel through which the flow passes; versions or flexions of the uterus which change the axis of the outlet; stenosis from previous inflammation or existing inflammation of the cavity of the uterus, either general or circumscribed.

Not caring to occupy time in discussing the different forms of dysmenorrhœa where agreement is had with the text books, my remarks will be limited to what is commonly called neuralgic dysmenorrhœa, generally supposed to be a constitutional disease manifested by an excruciating pain at the menstrual flow. A young woman with this disease bears no marks of its character in the intervals of suffering, being usually healthy and vigorous, enjoying life without ache or ailment. This continues for years, until the monthly repeated agony finally induces an irritable condition of the nervous system which results in general prostration. West describes the paroxysm thus: "The pain in such cases precedes menstruation for a day or two, generally reaches its greatest intensity in the first twenty-four or thirty-six hours of the catamenial flow, being so intense that the patient rolls on the floor in agony, and then by degrees subsides, though it does not cease entirely till the period is over." Simpson says: "Pains which have existed in other organs and parts of the body disappear only to be concentrated in the womb."

The pathological condition is probably an irritable ulcer of the mucous membrane of the uterus just within the internal os, which causes pain only when a contraction of the muscular tissue takes place for the expulsion of the menstrual discharge. Ss long as this contraction lasts the pain will continue, and be proportioned to the amount of contraction and to the extent of the ulcer. The origin of the lesion may be exposure to cold, getting the feet wet, or any of the numerous causes of so-called congestive dysmenorrhœa, which mechanically impede the flow

and cause clots to form in the cavity of the uterus which can only be expelled by strong muscular efforts, and which tear or otherwise injure the delicate mucous membrane at or near the internal os; this, not healing before the next monthly period, is again subjected to muscular contractions, causing the anguish characteristic of the disease.

Without searching for an analogue to this affection I have been so constantly reminded of anal fissure as to be convinced that it is very much like it.

Pain is almost the only symptom announcing the presence of both. The peculiar agonizing character of the pain is alike. The lesion is but trifling in both; the dysmenorrhœa frequently sought for in vain; in anal fissure only found after diligent search.

Neither disease tends to get well spontaneously; "neither time, nor change of air, nor general treatment, however skillfully applied, seems capable of curing" either of them. "Patients become confirmed invalids" from each of them, and of some the nervous sensitive character. And to complete the analogy the cure is effected in a manner almost identical. The cure of anal fissure is effected by cutting through the ulcerated surface into the sub-mucous membrane, or by rupturing the sphincter muscle, and the treatment of neuralgic dysmenorrhœa must be similar.

Thomas gives a list of numerous remedies used as constitutional treatment, but evidently has little faith in their efficacy, and concludes by saying: "The occasional passage to the fundus of the uterus of a uterine sound or silver catheter, the situation in the uterus of the galvanic pessary, and the use of tents of sponge or sea tangle will often prove serviceable." Byford says: "I am sure that although I have tried such remedies as were suggested to me by reading and observation in neuralgic diseases, yet I have invariably failed with every kind of treatment besides that of local applications to the diseased mucous membranes." Although I have, in every division of the subject, enumerated neuralgia as a variety of dysmenorrhœa out of veneration for authority, I believe that the

nervous is the unimportant element instead of the essential one.

The cure of anal fissure being so certainly accomplished by the means suggested induced me to pursue a like treatment in the disease under consideration, which is superficial dicision of the internal os, such as is practiced by Peaslee and others for contraction of the neck. Placing the woman in Sims' position, introducing the speculum, the neck of the uterus is seized with a tenaculum, and a uterotome or tenotomy knife is introduced along the cervical canal within the cavity of the uterus; a nick is then made on one side about one-eighth of an inch in depth, the instrument is withdrawn and introduced again so as to make a like incision on the opposite side. If there is stenosis of the canal of the cervix, the cut, of about the same depth as at the internal os, is continued throughout. If there is no narrowing of the cervical canal, the incision is confined to the internal os. A sponge tent is now introduced, or what is better, a steel spring. If the tent is used, it should be removed in six or eight hours; if the spring, it may remain for from one to four or more days. If the case is one of simple ulceration or fissure, the cure will be completed without medication. If stenosis exists, or want of parallelism between the axis of the body and neck, the dilation will have to be removed. While the sponge tent may be innocuous, it is a fruitful cause of cellulitis, and should never be used where force is required to introduce it. Cellulitis may also follow a deep incision, but is not likely to result from the superficial one advised.

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## Original Translations.

Translated from the French and German for the "Detroit Medical Journal."

BY J. HENRY CARSTENS, M. D.

1. *Experiments on the Local Action of so-called Astringents, by Dr. Hugo Rosenstern.* (*Rossback's Pharm. unt.* 1876 *Schmidt's Jahrl.*)

R. came to other conclusions when making experiments on the mesenteries of frogs than those heretofore entertained on the

above subject. He watched the action on the mesentery of the astringents applied, and noticed the following:

*Nitrate of Silver* produced a marked contraction of the arteries and veins, lessening of the blood current in them and often even complete stoppage of the current. The maximal contraction took place in 16–18–50 seconds (according to the concentration of the solution). Tannic, gallic, or pyrogallic acid, however, produce no contraction whatever, but a dilation. The dilatation is not due to reflex action, as it takes place after the extirpation of the vertebral column, the destruction of the cord and brain. Acetate of lead and sesquichloride of iron, however, proved to be good astringents, although weaker than nitrate of silver.—*Vienna Med-Chir. Rundschau.*

2. *Pathological Anatomy of Malarial Fever, by A. Kelsch,* (*Archiv. f. Physiol. Centralbl.*)

The observations made in the military hospital at Phillipsville during an epidemic of malarial fever, affecting 1,181 persons, gave the following results:

1. Diminution of blood globules (red and white) one-fifth to one-tenth of the normal number. This diminution is specially rapid at the beginning of the first attack of fever; continues, although less rapidly, until the intermission, when slowly an increase of globules takes place until recovery.

2. A well marked increase in the red globules of the blood.

3. Melanæmia, constantly in pernicious fevers, and of diagnostic importance, as the pigment cells are found also in the peripheric vessels. Generally, in malarial toxæmia, although not always, the pigment can be found accumulated in the liver and the spleen.

The pigment is united to cells, and is only found free in the venous blood of the liver and the spleen. The author does not consider the spleen to be the organ that produces the pigment, but thinks the latter circulates in a soluble condition in the blood. and is precipitated in the white blood corpuscles. The large quantity of pigment in the venous blood of the liver and spleen he explains by the slower circulation in those parts.

Finally, part of the pigment is excreted and part deposited in the tissues of the spleen and liver.—*Vienna Med.-Chirurg. Rundschau..*

3. *On the Employment of Mineral Water during Pregnancy, by M. C. Dr. Gabriel Nicolas.*

The different morbid conditions found during pregnancy appear to offer special indications for the employment of mineral waters. Although the treatment is not heroic, still it is useful and can be constantly employed.

The author's conclusions are:

1. Pregnancy offers no contra-indication to the use of mineral water; it even indicates the use of such measure, and is to be recommended.

2. Mineral waters render great service in certain diseases of pregnancy: Chloro-anæmia, albuminuria, anasarca, constipation and digestive troubles.

3. Pregnancy is not a contra-indication to the employment of hydro-therapeutic treatment.

4. The cold douches are found to be useful in certain cases of rebellious chlorea-anæmia, indigestive trouble, and certain nervous conditions during the state of pregnancy.—*Annales de Gynœcologie.*

*Sulphide of Carbon in Chronic Ulceration of the Neck of Uterus, by M. Guillaumet.*

The author has used the above remedy in many cases of chronic ulceration of the neck of the womb with great advantage. Unluckily the liquid possesses a very disagreeable odor, but the author thinks this not a sufficient reason to discard its use. The author mentions many ways to disguise the odor. One of the best is essence of bitter almonds, or oil of mirbane, or the following mixture:

℞ Sulphide of carbon.....10 grm.
Essence of peppermint.....15 drops.
Mix.

Iodine is very soluble in sulphide of carbon, and diminishes its odor considerably, and increases the usefulness of the liquid by its stimulating property. He uses the following with great success:

℞ Sulphide of carbon..... 16 grm.
Tincture of iodine..... 1 grm.
Ess. of peppermint..... 4 drops.
Mix.

Apply the solution with lint or cotton batting to the ulceration, and then cover immediately with finely pulverized nitrate of bismuth. Apply lint to act as tampon, which can be left in place twelve hours, when emollient injections are used. In scrofulous ulceration, chancre, mucous patches, erosions of the genito-anal region, etc., are cured in a few days.—*Annales de Gynœcologie.*

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# Reports of Societies.

## Proceedings of the Michigan State Board of Health, at the Meeting held in Lansing, July 10, 1877.

The regular quarterly meeting of the state board of health was held at Lansing on July 10. The members present were, President, Dr. R. C. Kedzie, Agricultural College; Dr. H. O. Hitchcock, Kalamazoo: Hon. Leroy Parker, Flint; Rev. D. C. Jacokes, Pontiac; and Dr. Henry B. Baker, Secretary.

### POISONING BY CHEESE.

Dr. Kedzie made a short report on the chemical examination of a specimen of cheese believed to have caused sickness in several families. He examined it for all the mineral poisons but found none. He concluded that the poison must be

organic in its nature, and that it might come from one of three causes. 1st, diseased milk; 2d, chemical decomposition of the cheese after it was made; and 3d, bad rennet. This poisoning by cheese being so common, he was authorized to visit the various cheese factories and further investigate the subject.

### ILLUMINATING OILS.

Dr. Kedzie made a report on illuminating oils, in which he stated that the legislature had maintained the standard flash test of 140° F., and had provided a chill test for paraffine, which will require an improved quality of oil.

### COMMITTEES REORGANIZED.

This being the first meeting since the two new members were appointed, the standing committees were reorganized as follows:

Epidemic, endemic, and contagious diseases—Dr. Hitchcock.

Sewerage and drainage—Dr. Lyster.

Food, drinks, and water supply—Dr. Kedzie.

Buildings, public and private, including ventilation, heating, etc.—Rev. D. C. Jacokes.

Climate, general and by season of year, and as related to age of inhabitants—Dr. Lyster.

Disposal of excreta and decomposing organic matter—Dr. Hitchcock.

Poisons, explosives, chemicals, accidents, and special sources of danger to life and health—Dr. Kedzie.

Occupations and recreations—Rev. C. H. Brigham.

Education, the relation of schools to health, etc.—Rev. D. C. Jacokes.

Geology, topography, influence of vegetation on health, etc.—Rev. C. H. Brigham.

Death rate, as influenced by age, climate, and social condition—Dr. Baker.

Legislation in the interests of public health—LeRoy Parker.

Finances of the board—Leroy Parker.

Mental Hygiene –Dr. Hitchcock.

Notwithstanding the assignment of certain work to standing committees, it was voted that each member should present any facts or considerations bearing upon any subject relating to public health.

A new by-law was adopted that all papers for the annual report must be in the hands of the secretary on or before the second Tuesday in October of each year.

DOCUMENTS DISTRIBUTED.

Secretary Baker read a report concerning work done in his office during the last quarter. It mentioned the distribution of 10,094 copies of a pamphlet on the restriction and prevention of scarlet fever. These have been distributed to a little less than 10,000 persons in various parts of the state. This report also mentioned a circular embodying a copy of the law and a blank form of a return which had been sent to the president of each township board of health, and that out of 1,021 townships 653 had sent returns. These returns have been compiled and show that 342 of the

HEALTH OFFICERS REPORTED

are physicians, 202 are supervisors, 7 are physicians and supervisors, 90 are other persons, 65 did not state whether the health officer was or was not a physician, and 35 did not state whether or not he was a supervisor. A circular had been printed and sent to these newly appointed health officers pointing out some of their duties and transmitting sample blanks. Copies of the circular had also been sent to the health officers of cities and villages. A circular asking 66 questions relative to scarlet fever had been sent to the regular correspondents of the board, and 25 have replied.

METEOROLOGY AND DISEASES.

Up to July 1, 39 correspondents have replied to the circular relative to prevailing diseases in 1876. Weekly reports of diseases in different localities are received to the number of about 60 each week. Meteorological registers are received each month from 14 observers in different parts of the state.

SECRETARY'S WORK.

The amount of work accomplished by the board, and that transacted in the secretary's office seemed to be a surprise to the new members of the board, and Rev. Mr. Jacokes urged the importance of placing some account of it before the people. The secretary was directed to prepare a statement, to be embodied in the annual report, showing the nature and amount of work in the office during the year.

Dr. Lyster

SENT A REPORT,

which was read, giving an account of the work of the last meeting of the American medical association so far as it related to public health. He also sent a communication in relation to the small-pox in Detroit. The total number of cases reported for the year ending June 30 was 278, and the number of deaths 113. He pointed out the fact that this preventable disease had been allowed to prevail in Detroit for a full year, but at the present time the authorities are taking active measures to prevent the spread of this loathsome disease. He urged the adoption of

A RESOLUTION FOR VACCINATION

throughout the state. The board adopted the following:

WHEREAS, by means of vaccination and re-vaccination the people may secure complete immunity from small-pox,

*Resolved*, that all local boards of health be advised and requested to direct their health physicians to offer every year vaccination with bovine vaccine virus to every child not previously vaccinated and to all other persons not vaccinated within five

years, without cost to the vaccinated, but at the general expense of the locality, as provided for townships in section 1736, compiled laws 1871.

WORK LAID OUT.

The state oil inspector was requested to prepare for publication in the annual report a statement of the oil inspection in Michigan during the past year.

The secretary was directed to have the document relating to the treatment of the drowned reprinted, and to secure 6,000 copies for gratuitous distribution.

Dr. John S. Calkins, a regular correspondent of the board, was requested to investigate the outbreak of diphtheria at Rochester.

The secretary presented a communication from Rev. C. Mendenhall, of Lexington, on the evil effects of tobacco on the human system.

A resolution of regret and sympathy was adopted in reference to the severe illness of Rev. C. H. Brigham; and also a resolution of respect to the memory of the late Dr. Zenas E. Bliss, of Grand Rapids, a former member of the board.

Mr. Parker was asked to attend the meeting of the American social science association which meets at Saratoga, Sept. 4; and Dr. Hitchcock was asked to attend the annual meeting of the American association for the cure of inebriates, which meets in Chicago, and report anything of interest or value on the subject of public health.

A RESOLUTION OF THANKS.

to Dr. George E. Ranney, of this city, was adopted for his efforts in rendering accessible to the physicians of this state a reliable article of bovine vaccine virus. He was requested to assume a permanent agency for the distribution of virus propagated by Dr. Griffin, of Fond du Lac, Wisconsin, or by some other reliable person.

## Union Medical Society of Wayne, Washtenaw and Oakland Counties.

HOLLY, May 31, 1877.

The Society met at Holly, and was called to order at 10 o'clock, A. M. President, Dr. Robert Johnston, in the chair.

Minutes of the preceding meeting were read and approved.

Dr. Hall proposed the name of Dr. Wm. Caldwell, Byron, for membership. On motion Dr. Caldwell was elected mem ber of the society.

On motion of Dr. Wade, the society elected Dr. D. Maclean, of Ann Arbor, an honorary member.

Dr. Johnston presented a case to the society. As committee to examine the case was appointed Drs. Wade, Maclean, Tock and Hagadorn. The case as presented showed large external fistulous openings around the left mamma, communicating with the lung and bronchial tubes beneath. This was shown by noticing that air escaped through these external openings during the act of coughing; also by noticing that a quantity of the solution that had been made use of from time to time, by injecting it into these external openings, passed up through the bronchial tubes and out by the mouth of the patient.

After examining the case, Dr. Maclean reported in behalf of the committee, describing very fully what might have been the cause of the existing trouble, viz., mammary abscess; abscess beneath the breast or in the pleura. He was suspicious that it might be due to syphilis, although they could not get any history to that effect. Prognosis: If due to syphilis, very good; if not, very bad. Treatment: Locally, injections of solution of carbolic acid; internally, antisyphilitics.

Dr. Wade spoke of solutions of chloral and salicylic acid for local applications, but thought the latter not as good as the two former ones on account of it not so readily permeating the tissues.

Adjourned, to meet again at half-past one P. M.

AFTERNOON SESSION.

Met according to adjournment.

Dr. Hall presented a case to the society the prominent symptoms of which were the formation of gas in the alimentary canal and eructation of the same. Some pain and induration over the region of the pancreas. As committee to examine the case the president appointed Drs. Holly, Fletcher and Morrison. Reported scirrhus. There was considerable diversity of opinion on this case.

Dr. Campbell, of Ovid, read a paper upon carcinoma. He took up at considerable length the pathology and different modes of treating the disease. He recommended the early adoption of active measures.

This essay and the case preceding it brought out a varied and an interesting discussion in regard to the symptoms of cancer, particularly that of pain. Several of the practitioners present had seen cancers in different parts of the body with scarcely any pain during the whole course of the disease.

Dr. Hall wished to know what he should tell the patient he had presented in regard to the prognosis of the society. Many of the members spoke at length in regard to the propriety of giving the prognosis in any case, acute or chronic. Some thought it best to tell the patient his asolute condition, that he might have a chance to make any preparation for the future he thought proper. Others regarded the sustaining influence of hope a great remedy, and therefore were in the habit of encouraging their patients so as to make use of it.

Dr. Fletcher exhibited two specimens of tape worm, for the expulsion of which he gave ʒij of pulv. cucurbita pepo, after letting the patient fast for twenty-four hours.

Dr. Johnston gave a brief history of the present condition of a Mr. P., the patient he brought before the society three months previous, at Northville, having epithelioma of the left cheek, after which the society recommended Dr. Johnston to operate on said case by means of the actual cautery.

Dr. Wade thought it advisable next to devote a short time to the consideration of scarlet fever, especially to the treatment,

as the disease was then prevalent in different parts of the counties. The treatment that had been found most generally successful by the practitioners present, was: Internally, carb. ammonia, citrate of iron, and quinine; as a gargle, sol. of chlorate of potash, iron and water. Dr. Wade spoke of salicylic acid and sulphocarbolates as disinfectants in scarlatina—hyposulphites to be used as prophylactics.

As delegates to attend the American Medical Association at Chicago, June 5th, 1877, the society elected Drs. D. W. C. Wade, Holly, Thomas Morrison, Wayne, Oliver B. Campbell, Ovid, and Nathan C. Hall, Davisburg. The president and secretary were authorized to name the next place of meeting. As essayists for the next meeting were appointed Drs. Morrison and Caldwell.

E. A. CHAPMAN, M.D.,
*Secretary.*

## St. Joseph Valley District Medical Society.

The fourth annual meeting of the St. Joseph Valley District Medical Society convened at South Bend, June 12, 1877, at 10 o'clock, A. M.

Present—President L. J. Haggerty in the chair; Landon C. Rose, Geo. L. Andrew, J. C. Stevenson, Laporte; L. Humphreys, L. J. Ham, Daniel Dayton, Jno. Cassidy, G. V. Voorhees, L. W. McAllister, O. P Barbour, Mrs. S. F. Stockwell, J. A. Kettring, South Bend; O. B. Harrington, C. S. Pixley, Elkhart; J. S. Dodge, Bristol; J. R. Brown, Sumptious Prairie; S. Laning, North Liberty; B. R. O'Conner, J. B. Greene, Mishawaka; Robert Patterson, Edwardsburg, Mich.; Wm. A. Neal, Dayton, Mich.

Minutes of last meeting read, corrected and approved. On motion press reporters were excluded and the secretary authorized to furnish report of proceedings to the local press.

The committee on admission and ethics reported recommending for membership F. L Miles, M.D., of Elkhart. After discussion the report was referred back to the committee.

On motion the society adjourned till 1.30 P. M.

AFTERNOON SESSION.

The society convened pursuant to adjournment. The president then read, in place of an address, a paper on "Neuralgic Dysmenorrhœa," for which he received a vote of thanks and a request for a copy for publication. (See present number of JOURNAL.)

Dr. Geo. L. Andrew, of Laporte, according to appointment, read on interesting paper upon "Rheumatism."

Dr. I. J. Ham made a few remarks upon the topic assigned him, and asked to be continued. Request granted.

Dr. L. Humphreys read a volunteer paper on "Water as an Antipyretic Agent," and related some astonishing recoveries that seemed attributable to its use.

Delegates to American Medical Association reported in regard to their attendance upon said body.

The committee on admission and ethics reported sustaining their former report in regard to the application for membership of Dr. F. L. Miles. Report accepted, and Dr. Miles was elected a member of the society.

Dr. Cassidy moved: To facilitate the transaction of business the treasurer shall report to the secretary all members in arrears for society dues more than two years, together with the names of those who for proper cause may have forfeited membership, and they shall be dropped from the roll. Carried.

The treasurer reported showing a balance in his hands of fifty-two dollars and fifty cents ($52.50).

The society then proceeded to the election of officers for the ensuing year with the following result:

For President—Landon C. Rose, Laporte.

Vice Presidents—J. S. Dodge, Elkhart Co., Ind.; L. H. Dunning, Berrien Co., Mich.; W. W. Butterworth, St. Joseph Co., Ind.; D. Tompkins, Cass Co., Mich.; J. C. Stephenson, Laporte Co., Ind.

Secretary—G. V. Voorhees, South Bend.

Treasurer—Robert Patterson, Edwardsburg, Mich.

The newly elected president was then conducted to the

chair, and after making a few appropriate remarks, announced the committees, viz.:

Admission and Ethics—S. Laning, Geo. L. Andrew, C. S. Frink, Robert Patterson, Wm. A. Neal.

Executive Committee—J. R. Brown, Thos. Fravel, C. S. Pixley, D. Tompkins, W. J. Bonine.

On motion society adjourned to meet at South bend on the second Tuesday in January, 1878.

G. V. VOORHEES, M.D.,
*Secretary.*

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# Correspondence.

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EDITORS DETROIT MEDICAL JOURNAL.—A recent *post mortem* examination was held in Eaton county, Michigan, nearly eleven days after death and nine after interment, for the purpose of ascertaining whether an injury of any kind had been inflicted upon the internal surface of the uterus with an instrument which was claimed to have been used by the attending physician. In view of the fact that the liberty of an old and experienced physician depended, in a measure, upon the skill and care with which that examination was made, it would seem that surgeons subpœnaed by the state, should have exercised a reasonable degree of these qualities in performing this important duty, and more especially as it was entirely *ex parte*, no representative of the accused being present.

I will submit the mode by which this examination was made as developed by the evidence of the examining surgeons, and then leave the readers of your valuable journal to draw their own inferences. The patient died on the 20th day of April, was disinterred on the 30th, and *post mortem* held on that day. The uterus, together with the vagina and external organs were removed from the pelvis and laid upon a temporary table, when one of the operators proceeded to invert the organs

by pushing a four inch fundus through a two and a half inch neck (the patient had given birth to a five month fœtus) down through the vagina and labia, thus completely inverting the generative organs.

Having completed the inversion, inspection revealed the fact of an excoriation of the mucous or deciduous membrane to the extent of an inch and a half latterly by two inches longitudinally, reaching nearly down to the dilated internal os and extending upwards towards the fundus. This was no deeper than the mucous membrane, yet a very slight laceration was described, not deep, but like the scratch of a pin on a hard substance. The point to determine is, how came that excoriation there? The surgeon that performed the inverting said it could not have been done by turning, for he did the job with care, yet he testifies the lining of the uterus was soft, as it must have been, nearly eleven days after death. The surgeon that did not do the turning was of opinion that it might have been done by the operation. The internal surface of the uterus was not cleansed by washing, though it had expelled a five month fœtus three hours before death. I wish more particularly to call attention to the unheard of procedure of inverting a uterus at this late period after death for the purpose for which this examination was instituted. Query: Were the operators anxious to find excoriations and lacerations if not existing by superinduction, thus furthering the ends of injustice instead of justice, or did they have no idea of *post mortem* change?

W. C. ISHERWOOD, M.D.

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# Abstracts from Exchanges.

## Practice of Medicine.

APHASIA, RIGHT HEMIPLEGIA, &C., IN WOMEN.—*(L' Union Medicale*, June 5, 1877.)—Dr. P. Duroziez, in a communication read before the Societie de Medicine, of Paris, calls attention to a concomitant affection of the heart existing in female patients

presenting the above symptoms. The heart trouble, he says, is a pure mitral stenosis, and he defines the latter as one which is unaccompanied by mitral or tricuspid regurgitation, nor by any aortic lesion. After giving the details of a large number of cases, he comes to the conclusion that an examination of the heart in female patients under fifty years of age, affected with right hemiplegia and aphasia, will almost certainly disclose a pure mitral stenosis, while among males the same general rule is not at all tenable.

The Fluid of Peritoneal Effusions.—(*Medical and Surgical Reporter*, March 3, 1877.)—M. Mehn, of Paris, states that: 1. In general, the prognosis is worse in cases in which the fluid contains little, than in those in which it contains much, solid. 2. The liquid of ovarian cysts contains a large quantity of solid matter. 3. Ascitic effusions from solid tumors pressing on the portal vein contain a larger quantity than those which result from disease or general dropsy. 4. Almost all liquids due to cancerous tumors have an icteric tint and contain bile, and this the author noticed also in cases of scirrhus of the liver. 5. He believes that in many, though not in all, cases, the chemical analysis of the liquid gives evidence of its origin in an ovarian cyst, or in the peritoneal cavity.

The Seton in Paralysis and Epilepsy.—Dr. Thos. J. Griffiths, Surgeon U. S., Nova Scotia, details in March number of *American Practitioner* his experience in the treatment of paralysis and epilepsy by means of the seton. Since 1870 he has treated, in the Marine Hospital at Louisville, Ky., eighteen cases of paralysis and five of epilepsy, in only one of which cases did the seton fail to give relief. Of the epileptics, two recovered, two were improved, and one was not benefited. Of the paralytic one died, six improved, ten recovered, and one is still under treatment.

In private practice eight cases of hemiplegia were treated with the result of six recoveries, one great improvement, and one in which, after slight improvement, softening of the brain

followed. He introduces a large seton of fifteen to twenty strands of silk or flax thread and allowed it to remain for months, removing it only at the permanent improvement or recovery of patient.

Tasteless Tincture of Chloride of Iron.—The following formula is given in July number of *New Remedies* for a tasteless tincture of the chloride of iron:

℞ Solution of Chloride of Iron, U. S. Ph...1 oz.
Citric Acid.....544 grs.
Sodium Carbonate.....1,000 grs. or qs
Water, distilled.....1 oz.
Alcohol.....q. s.

Dissolve the citric acid in the distilled water, and heat to the boiling point, gradually add the sodium carbonate until the acid is saturated. Mix this with the iron solution, which will now assume a beautiful green color, and make up the measure to 4 oz. with alcohol.

Treatment of Neurosis of the Head.—(*Prof. Bitot, Gazette Medical de Paris*, Nov. 1876. *St. Louis Medical and Surgical Journal*, Jan. 1877.)—In a paper read before the Academy of Medicine, of Paris, the Prof. called attention to the efficacy of light cauterizations of the pharyngeal mucous membrane in the treatment of certain neuroses of head with coincident amnesia, and to the probable rule of the superior cervical ganglion in these cases. His conclusions are as follows:

1. The head is the seat of certain nervous troubles, the precise location of which is not yet settled.

2. The cranial portion of the great sympathetic must have some influence in the production of these disturbances.

3. It is rational, in that case, to assume that the superior cervical ganglion, which constitutes the principal centre of the sympathetic system in the head, is the point of origin of the nervous disturbance.

4. The anatomico-physiological importance of this gang-

lion, which is veritably the brain of the vegetative life of the head, must be borne in mind by the observer whenever a neurosis of this region comes into question.

5. The ganglion with the pharyngeal mucous membrane makes the latter the point of election for the application of certain irritants that will act on the ganglion and its most distant branches.

6. The painting of this membrane with the tincture of iodine has furnished remarkable results when the disturbances were essentially nervous, while it had proved useless in the disturbance consecutive to apoplexy.

7. In many cases complicated with amnesia, the memory has been regained under this treatment.

Senility Following Inebriety.—(*Hartford Quarterly Journal of Inebriety.*)—Some cases of inebriety are marked by general and positive indications of premature senility, manifested in degenerations, such as indurations, fatty degeneration, calcification and softening.

The hair turns white prematurely, and the vertebral column begins to curve, persistent and changeable neuralgia comes on, swelling of the joints, called rheumatism, eccentric habits, with a morbid degree of excitability or depression. In these cases a degree of chronicity exists that is very unfavorable, and usually ends fatally.—(*Nashville Journal of Medicine and Surgery*, Jan. 1877.)

On the Prognosis of Cerebral Hæmorrhage.—*Dr. J. Althaus, British Medical Journal*, July 22, 1876. *Retrospect Practice of Medicine and Surgery*, Jan. 1877.)—Cerebral hæmorrhage may take place—

1. By rupture of large cerebral arteries which have undergone aneurismal dilatation.

2. By rupture of capillary vessels, usually caused by direct injury to the head or by contre-coup, or occurring in the course of that chronic inflammation of the grey matter, which is found in some forms of mental disease, or consequent upon embolism

or tumors which corrode the coats of the blood-vessels of the cerebrum, or upon the accumulation of white corpuscles in the capillary vessels in leukæmia, which distend, block up and rupture them.

3. In consequence of contracted granular kidney, occasioning blood poisoning, and hence over-action and hypertrophy of the coats of the arterioles and hypertrophy of the left ventricle. Insufficient hypertrophy of the coats of the arterioles to counterbalance the excessive impulsive force of the left heart, has a cerebral hæmorrhage from rupture of these vessels as a legitimate consequence.

4. This, the most important form, arises from rupture of the cerebral arterioles after they have undergone the change of miliary aneurismal dilatation. This form occurs in the immense majority of cases called commonly apoplexy, as the works of Virchow, Charcot, and Bouchard have demonstrated. A reliable prognosis, in such cases, is as important to physicians as the treatment; but this is impossible without knowing what significance to attach to certain symptoms whose presence, absence, or degree of intensity make the prognosis hopeful or the reverse.

In early fatal cases there is a high degree of intensity of all the apoplectic symptoms. In the commencement of the attack and particularly when the hæmorrhage is not abundant, the temperature remains normal; after a quarter of an hour, the thermometer in the rectum or armpit shows signs of falling. With a regular respiration and a pulse-rate of 70 or 76, the mercury recedes. If the latter takes place rapidly and reaches 95 deg; the prognosis is bad; but, if the fall is slight—say one degree or one and a half—and is protracted in its production, the prognosis is generally favorable. This fall of temperature is probably owing to irritation or spasm of the controlling centres of heat production.

Where there are severe convulsive attacks, lasting for many minutes, and where the head and eyes are persistently turned away from the paralyzed side, you may conclude that the hemorrhage is progressing more or less rapidly, and that the blood is irritating and undermining the central ganglia, previously to de-

stroying their structure. During this period of the attack you have, therefore, partly symptoms of spasm and partly of paralysis—spasm where there is irritation, paralysis where there is compression or destruction of nervous matter.

After 30 minutes to 36 hours the spasm in the centre ceases either from arrest of hemorrhage or from the blood breaking through into the lateral ventricles and into the fourth, and then the symptoms become purely paralytic in character and the body heat begins to rise. The mercury now running up even to 105 deg., corresponds in prognostic import to the low readings of the first period. If the ascent is rapid, it is a sure sign of the collapse, which precedes death.

In other cases the thermometer, after a comparatively slight fall, rises only a little, if at all, above the normal mean, and there remains. This means arrest of the hemorrhage. All the symptoms may now improve, the coma lightens into consciousness, the pulse become steadier and respiration more regular, but for two or three days the prognosis still remains doubtful for, though the dangers of collapse have passed, those of the possible consecutive cerebral fever may be fatal.

Now inspect the nates closely, for the first symptom of cerebral fever is almost invariably an acute bed-sore in the buttock of the paralyzed side. An erythematous spot or macula appearing on the part mentioned on the second, third or fourth day almost invariably heralds a fatal termination. It has an irregular shape, and varies in size; from pink at first it gradually changes into purple, and pressure, in the beginning, will cause it to disappear. Its course afterwards is extremely rapid. It cannot be prevented by turning the patient over to the non-paralyzed side, nor by frequent catheterism to prevent the contact of urine with the spot. Similar appearances sometimes, occur on the heel, ankle and knee of the paralyzed side. After the formation of the cerebral macula, the mercury will, in a comparatively short time, run up to 103, 104, and even 105 deg. The symptoms of impending dissolution at the same time manifest themselves.

Treatment may incline the balance toward recovery or

death. Venesection is thoroughly irrational, for the condition of the brain during cerebral hemorrhage is not a congestive, but an anæmic one; the organ not only loses blood largely, but, from compression of its arterioles by the clot, is unable to receive a fresh supply. *Eschew the lancet, therefore, as a deadly instrument in these cases.* Neither leave the patient severely alone, but arrest the further effusion of blood from the ruptured coats of the miliary aneurisms by causing contraction of the vessels. The remedy for this purpose is Bonjeau's ergotine, of which you may inject into the subcutaneous cellular tissue a grain every hour, or, where the symptoms are very urgent, even every half hour.

Fever, its Nature and Purpose.—*Cincinnati Medical News.* Feb., 1877.)—Dr. G. W. Kibbee, in an interesting paper, gives the following conclusions:

1. Vital force, or life principle, is the prime cause of all motion in the human organism, from the first cell formation until the last throb of the heart.

2. Heat at about 98° is the first condition of life in the human body.

3. Health is undisturbed vital action.

4. Disease is disturbed vital action.

5. The causes of health are the presence and influence of those substances and conditions which are congenial.

6. The causes of disease are those substances and conditions that are unfavorable to the normal manifestations of vitality in the organism.

7. The presence or influence of hygienic substances and conditions excites the heart to beat and the lungs to respire with normal force and frequency; the vital heat resulting from that normal vital action is 98°, and normal.

8. The presence or influence of any substance or condition that is unfavorable to life causes increased force and frequency of the heart's beat and of lung action; and the exalted action is for the purpose of expelling the inimical substance, together with the refuse of the system through the depurating organs.

9. Exalted vital action, which hastens the motion of the blood through the circulatory and respiratory systems, by augmented friction and increased oxygenation of the blood, raises the heart above that degree which is congenial to health, provided it is not removed by cool water or cold air as fast as it is originated.

10 When the excess of heat above 98° is removed as fast as it rises, no more injury results to the organism from that exaltation of the vital action stimulated by specific poisons than from that caused by mental excitement, rapid skating in the cold air, or swimming in cool water.

11. Exalted vital action causes excessive heat, and the two together constitute fever.

12. Exalted vital action, even if the resultant excess of heat be removed as fast as it rises, will exhaust the available stock of vitality, and death of the organism results. if a man use it all up in his muscles, or if it be exhausted in resistance to something deadly inimical, under the self-preserving instinct of organic life.

13. Every abnormal change of fluid or solid in the composition of the human organism that occurs under vital control, as in all fevers, is under the influence of excessive heat as a fermenting condition, and without that condition there is no abnormal change in blood or tissue, whether the organism is working rapidly to supply vital force to the muscles or to expel inimical substances.

14. None of the causes of this duality, or fever, which are taken into the blood through the lungs, the seed poisons in all affections and malarial fevers, have virulence enough in them to produce death of the organism by exhausting the vital force in its resistance to them, *if the excessive heat that is eliminated by that resistance be removed with cool water as fast as it rises.*

In a future paper he purposes to give the method by which he has attained his brilliant results.

## Therapeutics.

Treatment of Catarrhal Jaundice.—(*Berlin Klin. Wochensch.* Nov. 12, 1877. *Canada Lancet*, June 1, 1877).—Dr. Krull, of Qustrow, Mecklenberg, recommends enemata of cold water as an excellent remedy in the above disease. One to two litres of water at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum by means of an irrigator, once a day. The water must be retained as long as is possible. Rapid disappearance of oppression in the epigastrium, as well as of nausea and headache is first remarked; the apetite also quickly returns. In part of the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection. The largest number of injections in any one case, eleven. Most of them had already buen treated unsuccessfully by other methods. Dr. Krull believes that the cold water not only increases the peristaltis action of the bone, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum.

Repeated Cold Baths in Typhoid Fever.—(*L'Union Medical*, May 29, 1877 —Prof. Peter in an address before the Societe Medicale des Hopitaux, on the subject of cold baths as a system of treatment in typhoid fever, summed up his opinion of them, in the following resume :

1. The physician in practice does not consider a typhoid unity; but he is engaged with typhoid *patients*, each offering daily diverse, complex and changeable *indications*, according to the lesious and symptoms.

2. Still less should he consider, only one morbid element, the *excess* of *heat.*

3. All systematic treatment directed towards a single symptom is absolutely illogical and insufficient

4. The good results of the treatment by cold (when it produces any) are not due to the lowering of the temperature

(when the lowered temperature can be maintained), but to a profound perturbation of the nervous system; the loss of heat is therefore a very indirect result of the treatment by cold baths and is due to a dynamic modification of the nervous cutaneous and vascular systems.

5. Now this modification can be obtained by other hydro-therapeutic means, less dangerous than cold baths.

6. There are cases in which even cold sponging, imprudently employed or frequently repeated, is not without danger; a nervous shock, however slight, may become a dangerous one for a system enfeebled by typhoid fever.

7. When an accident does occur as a result of cold baths in typhoid, the dangers are grave and out of all proportion to the expected benefit; accordingly, I do not see the indication for cold baths, either to reduce the temperature or to produce a general modification at the system; and considering the terrible accidents they can bring about, I see only contra-indications.

8. In conditions every way comparable (same hospital, same months, same epidemic, and an equal number of patients) the treatment of typhoid *patients* by cold baths has given in Paris greater mortuary statistics than a rational treatment inspired by the indications.

9. The best system in therapeutics and particularly in the treatment of typhoid patients (I intentionally say *typhoid patients* and not typhoid fever) is still and always will be, to have no *system* whatever.

Detroit Med Pub

RADICAL TREATMENT OF FACIAL NEURALGIA BY ACONITINE.—*Paris Medical*, February 15, 1877. *Lon. Med. Record*, April 15, 1877).—W. Gubler, the learned professor of therapeutics of the Parisian University, says: "I do not know a neuralgia of the fifth pair, even a tic-douloureux which has resisted aconitine." He recommends the aconitine of Hottab & Liegeois as excellent and that of Dugurmel as very powerful. Granules and pilules are not reliable even when made from a good article, for one may be discouraged by the nullity of their effect for a certain time and thus may give too large a dose, the

nullity of effect in fact, resulting from non-absorption. He advises a solution of the nitrate of aconitine to be employed in which half a milligramme ($\frac{1}{140}$ grain) of the nitrate is contained in a dose. This is equivalent to a quarter of a milligramme ($\frac{1}{280}$ grain) of aconitine. The dose may be pushed much farther, in some very severe cases of long standing it having been carried up to six milligrammes ($\frac{1}{60}$ grain). It offers no dangers if prudently managed. It should not be employed in persons with heart disease.

Effects of Muriate of Narceinæ.—(*Neues Peper. A. Pharm.* 11, 12, 1876. *New Remedies*, March 15, 1877).—These results are taken from the elaborate paper of Karl. Heintz:

1. Muriate of Narceine, when administered subcutaneously, acts about in the same dose as morphia, although not always as promptly. This activity probably depends much on the purity of the alkaloid and on the proper preparation of the hypodermic solution.

2. Narceine has some advantages over morphia, as it does not have any disagreeable after-effects; but its narcotic effect much longer, which is likewise an advantage. The salt is very slightly soluble in water and for purposes of hypodermic injection, a solution is best made as follows: 0. 3 gms of muriate of narceine are mixed with 20 gms. of distilled water in a flask or test-tube; the latter is placed in a water-bath and heated until the salt should separate at a temperature exceeding —— hydro chloric acid must be added to the solution, but not more than sufficient to produce a clear solution. On cooling, the mixture looks like curdled milk and requires to be warmed before being used.

Treatment of Membranous Croup.—(*Jaz. Med. de Strasbourg*, Feb. 1, 1877. *Med. Record*, April 14, 1877).—Dr. Walcher recommends in the treatment of membranous croup, both in its primary form and in the form which he regards as secondary to diphtheria of the pharynx, a mixture of one ounce

of tincture of eucalyptus with three ounces of syrup, of which he gives a teaspoonful every hour. Children take it readily and if given slowly, any diseased part of the pharynx will be sufficiently impregnated with the medicament. Mild emetics of ipecac are given occasionally, if the patient be strong enough to bear them. Cold drinks are given to relieve thirst, and cold applications are made to the head if there is much congestion. Dr. Walcher has given five drachms and more of the tincture per diem to a child five years of age and has never known any bad symptoms to be produced by it.

Jaborandi in Pleuritic Effusions.—Dr. Grossel of Montpelier, (*Jl. de Therapeutique*, April 10, 1876. *Edin. Med. Jour.* Jan. 1877), arrives at the following conclusions in treating pleuritic effusions with Jaborandi:

1. Jaborandi is very useful in this affection, whatever may be its date and the amount of fluid effused.

2. It usually causes a rapid disappearance of the fluid and the production of the pleural friction sounds.

3. Its effects are of short duration, so that the fluid is often rapidly reproduced, in which case the use of the drug must be perservered in.

4. When the fluid has disappeared, and the pleural friction sounds are heard, the Jaborandi is no longer efficacious; and to complete the cure recourse *should* be had to a tonic treatment and to local applications.

Subcutaneous Injection of Ether in Collapse.—(*Jl. de Med. et de Chir. Prat.* March 1877. *Lon. Med. Record.* April 15, 1877).—M. Vermeuil at La Piete, has employed with success in several cases of collapse, the sub-cutaneous injection of ether. With regard to the method of using it, M. Vermeuil advises the surgeon to go about it with the thermometer in one hand and syringe in the other. He might commence by giving fifteen drops, and repeat it in an hour, taking care to ascertain the temperature. If this be not sufficient, the injection may be made as many times as is necessary, the ether being apparently well borne.

## Skin Diseases.

PITYRIASIS VERSICOLOR.—Dr. J. Ritchie (*British Medical Journal*, Dec. 16th, 1876,) having noticed that the spores of the fungus Microsporon Furfur constantly shrivelled up when mounted in glycerine jelly as a microscopic specimen, found that the fact was owing to the acetic acid which the mixture contained. This led him to suppose that the latter might be useful in this disease, and experience confirmed his conclusion. He recommends that the parts should first be washed with soap and water and then the mixture of acetic acid and glycerine applied.

INDIA RUBBER CLOTH IN DISEASES OF THE SKIN.—(*Virginia Clinical Record.*)—M. Hardy, of Paris, has now employed india-rubber cloth instead of poultices or local baths since 1868. It is composed of a layer of caoutchouc adherent to a piece of cotton, and forms an impermeable tissue. After a short time an abundant sweating takes place from the part enveloped, under the influence of which crusts and scales are loosened, the epidermis spreads over the ulcers, and the skin becomes softened. A very rapid modification of the skin takes place; two or three days of application suffice to completely clean a scalp covered with abundant scales of eczema, etc. After forty-eight hours, hands affected with chronic eczema, with fissures and cracks in all directions, become cicatrized, and the skin recovers its suppleness. The treatment is of particular value in the second stage of eczema. Oiled silk cannot take the place of the rubber cloth. This method is also serviceable in psoriasis and chronic lichen.—(*Journal of Materia Medica*, Jan. 15, 1877.)

TREATMENT OF ACNE ROSACEA.—(*Allgemeine Wiener Medizinische Zeitung*, No. 37, 1876. *London Medical Record*, Dec. 15th, 1876.)—Neumann has obtained excellent results by brushing the affected skin thrice weekly with a solution of one part of carbolic acid in three or four parts of alcohol. Much thickening or œdema is a contra-indication to this treatment.

Psoriasis of the Tongue.—Dr. Nedopil (*Langenbeck's Archiv., Medical and Surgical Reporter*, Feb. 24, 1877,) presents the following general conclusions of the lingual and oral mucous membranes;

1. Psoriasis of the lingual and oral mucous membranes is caused through a chronic inflammatory process which takes place in the proper mucous layer.

2. This chronic irritative process results in a new formation of young, indifferent cells.

3. These indifferent cells, which lie near to the epithelial layer of the mucous membrane, are converted into true epithelium; hence results the formation of patches of abnormal, bulky and rapidly regenerated epithelium.

4. The epithelial layer of the mucous membrane, as in the normal condition of things, remains quite passive, and takes no part in the regeneration of these patches.

5. The deeply seated, indifferent cells of new formation are partly converted into shrivelled, scar-like tissue, and partly persist as round cells, which may finally displace the proper tissue of the mucous layer.

6. These indifferent cells, when in the substance of the mucous layer and before they have attained their ultimate position, may acquire an epithelial character, and thus *carcinoma* is developed.

7. When carcinoma is developed from indifferent cells, they take on the mode of nutrition as is met with at other times in the surface cells.

## Action of Remedies.

Theory of the Action of Nitrite of Amyl.—(*Medical Record*, April 14th, 1877,)—Dr. Mader, of Vienna, believes that the hyperæmia which follows the use of nitrite of amyl is referable to the action of certain vaso-motor centres of the spinal cord, rather than to a direct paralysis of the muscular coat of the vessels. For, in the latter case, we should have symptoms of hyperæmia of the lungs, of which there is no indication.

2. A directly paralyzing influence would pre-eminently affect the heart, and this is not so.

3. There would necessarily be paralysis of the vessels of the whole body.

4. The production of congestion of the head is not peculiar to this drug alone, but also occurs with alcohol and the others, to which it is allied, and their action on the nervous centres cannot be doubted.

5. In an experiment which he made by enclosing the hand and forearm of an anæmic girl in an air-tight rubber sack, into which the nitrite was then introduced, not the slightest redness was produced. He thus considers disproved the directly paralyzing action of the nitrite.

He considers it quite open to question whether the hyperæmia caused by the nitrite is really that to which it owes its therapeutic effects, and is not rather a disagreeable accompaniment, while its useful effects are due to the production of a transitory narcosis analogous to that produced by alcohol, ether or chloroform.

Physiological Action of Quinine.—(*Centralb. & d. Med. Wiss.*, No. 26, 1876. *Edinburgh Medical Journal*, Jan., 1877.)—Jerusalinsky describes the physiological action of quinine in the following:

1. Small or medium doses (1–5 grs.) cause an increased pulse-frequency with diminution of blood-pressure, except immediately after the injection, when there is a short period of increase.

2. Large doses (20–25 grs.) cause an immediate and rapid pressure fall.

3. The increased pulse-frequency is due to depression or paralysis of the inhibitory and excitation of the excito-motor nervous system.

4. Small doses act as a tonic to the heart, and large doses paralyze that organ.

5. Small doses increase the rapidity of the respiration, large doses render the respiration slower and irregular.

6. The action on the temperature varies; in most cases it falls, but sometimes a rise was observed.

7. The rapidity of the blood flow is retarded by quinine to one-half its original rate, due to paralysis of the vaso-motor centres.

8. The amœboid movements of the white corpuscles and the emigration of the latter from the vessels, as well as their number, are diminished by the drug.

9. The red corpuscles become larger under the influence of quinine.

10. It causes diminution of the spleen and renders it tough and granular on the surface and brighter in color.

11. The latter results are attributable primarily to the effect of the peripheral nervous and muscular elements of the spleen; and secondarily, on the splanchnic and central nervous systems.

Absorption of Mercurials.—(*Prager Med. Wochensch. Cin. Clinic*, April 7, 1877.)—Dr. Hamburger, from a series of experiments and very careful examinations, draws the following conclusions:

1. In order to affect the milk, mercury must be given in the form of suppositories.

2. Mercury used by inunction never affects the milk, but always is found in the urine and fæces.

3. The excretion of mercury takes place principally through the bile.

Antagonism Between Morphia and Atropia.—(*Dr. Corona, Giorn. di Med. Milit*, April and May, *Edin. Med. Journ.* December 1876).

1. Atropia quickens, but morphia retards and modifies respiration.

2. Atropia produces convulsions, but never sleep in dogs and rabbits; morphia produces deep sleep and coma.

3. Atropia slows, but morphia quickens the heart's action.

4. While the action of atrophia continues, the temperature remains stationary or is slightly increased; during the acceleration caused by morphia, the temperature falls.

5. The most marked symptom caused by atropia is dilatation of the pupil; with morphia, the pupil may be dilated, stationary, or contracted. If atropia is injected in a large dose, dilatation does not occur on account of the paralysis of both the circular and radiating fibres of the iris.

6. Atropia always, morphia never produces vaso-motor paralysis.

7. Atropia depresses reflex action and always produces paralysis of the posterior part of the body in animals; morphia either leaves reflex action intact or sometimes exalts it.

8. After poisoning by either drug, the lungs, liver and system were normal. The heart and large vessels were always full of blood, but it was coagulated in the morphia cases, and fluid and blackish in the atropia ones. The meninges were always congested, while the brain substance was constantly anæmic. The medulla oblongata and tubercula quadrigemina were never hyperæmic, while their meningeal covering was always so.

9. The toxic dose varies both in regard to the age and race of the animal. For morphia, it is much greater in rabbits than in dogs. Atropia was tolerated in large doses; it never proved fatal in rabbits in less than 50 centigrammes, except in very young animals.

In respect to the alleged antagonism of the two drugs, he remarks:

Morphia, in small doses, removes the symptoms of atropia and produces sleep. During morphia sleep, atropia even largely given, does not alter the system of morphia, nor does it affect the sleep. Intra-venous injection of the two poisons showed that a much smaller dose was sufficient to produce rapid and grave poisoning; but even then the morphia produced its action instantaneously and its symptoms always superceded those of atropia. Intra-venous injection of large doses of the latter and very small doses of the former, was always followed by sleep and the appearance of the atropia symptoms was tardy. In all cases, after the disappearance of the morphia symptoms, those of atropia appeared in intensity proportionate to the

largeness of the dose given for the purpose of counteracting the morphia symptoms. Hence, he concludes that a partial physiological antagonism between atropia and morphia may be recognized, but that the theory of a mutual therapeutic antagonism cannot be accepted. Morphia is available as an antidote in atropia-poisoning, but the former cannot be combatted by the latter.

## Pathology.

Bone Marrow in Pernicious Anæmia.—(*Boston Medical and Surgical Journal*, April 12, 1877.)—Cohnheim, in a letter to Virchow, describes a change observed by him in the marrow of the bones of a subject of pernicious anæmia. During life the symptoms were typical of the disease, and after death the usual pathological changes were noted, but, moreover, the marrow of all the bones, vertebræ, ribs, sternum, and cylindrical bones was found very red, but without evident hæmorrhage. Microscopically, an almost entire disappearance of the fat cells of the marrow was manifest. Instead there were found colorless cells, of various sizes, single multinucleated giant cells, and a few cells containing red blood corpuscles. Almost an equal number of red cells were found. Of these the minority consisted of the ordinary biconcave discs, while globular red non-nucleated corpuscles were more noticeable. The latter varied in size from the diameter of a normal blood corpuscle to twice that of a white corpuscle. Still more abundant were red nucleated cells, varying in size, though most of them were equal to the smaller epithelioid marrow cells. The nuclei were colored like the cells. In repeated examinations of the blood up to two weeks before death, no nucleated red blood corpuscles had been found, but they were present, though not in large numbers, in the blood removed from the body veins. The spleen and liver contained them also.

The Influence of Excreta in the Production of Typhoid Fever.—(*The Doctor*, April 1, 1877.)—At the sitting of the Paris Academy of Sciences, Feb. 26th, M. Geurin re-

ported the results of a series of experiments made to test the supposed direct influence of water closets in producing typhoid fever. He experimented upon rabbits, injecting fœcal matter, urine, blood, etc., from typhoid patients, and summarizes his conclusions as follows:

1. The fœcal matter contains, after issuing from the system, a toxic principle capable of causing death in a class of animals, in time varying from a few hours to a few days.

2. The same holds good for urine, blood, mesenteric liquid, and the detritus of mesenteric ganglions, and of ulcerated intestinal mucous of typhoid subjects.

3. These matters, after some months, are found to retain in large measure, their original toxical principles.

4. The fœcal matter of healthy subjects, or of those affected by other diseases, have not the toxical principles which appear in excrementitial products of typhoid subjects.

Effect of Hæmorrhage into Serous Cavities.—(*Deutsches Archiv. fur Klin. Med.*, 1876. *Boston Medical and Surgical Journal*, April, 5, 1877.)—The aspiration of fluid blood from an intra-thoracic hæmorrhage, fourteen days after the injury, suggested to Penzoldt the idea of attempting to determine, experimentally, the relation of the hæmorrhage into serous cavities to their walls. The experiments were made, not only in reference to coagulation but also to absorption and inflammatory changes, and were performed upon rabbits and a goat. The results were, that:

1. Blood introduced into the thoracic cavity remained fluid for some time; a few hours only in the case of large amounts, somewhat longer when smaller quantities were present, but in neither case more than twenty-four hours.

2. In addition to the blood-clots a fluid resembling blood was found which was either serum from the original hæmorrhage, in which case it did not coagulate after evacuation, or if it coagulated, was a secondary pleuritic effusion.

3. Therefore, the living, healthy pleura delays coagulation.

4. Blood introduced into the peritoneal cavity remained

fluid for some time, and either was absorbed in a few days or remained longer and was coagulated.

5. Blood within the pericardium clotted rapidly.

6. Accordingly in the case suggesting the experiments, the bloody fluid aspirated was not, in all probability, blood, but pleuritic effusion mixed with blood corpuscles from the extravasated blood.

Blood clots were probably present in the pleural cavity, as fluid blood in such quantity could not remain there for so long a time without coagulating. In such a case, therefore, treatment by a simple puncture would produce but a partial effect.

Danger of Kerosene Smoke.—(*Wiener Medicin. Presse*, Oct. *Boston Medical and Surgical Journal*, Dec. 23d, 1876.)—A merchant who returned home late one night, found his wife unconscious and groaning heavily. Whilst waiting his return she had turned down the light and laid herself upon the bed. In this position of the wick, where the light is turned down almost to extinction, if the oil is bad, a vapor mixed with an innumerable quantity of specks of soot, diffuses itself through the chamber, and so covers the eyes, nose, and respiratory passages that one runs the danger of suffocation.

Moral.—Leave the lamp burn brightly or extinguish it.

## Obstetrics.

The Influence on the Fœtus of Medicines Administered to the Mother during Pregnancy and Labor.—(*American Journal of Obstetrics*, April, 1877.)—An interesting discussion upon the above subject in the N. Y. Obstetrical Society, commencing in the meeting of Feb. 6th and continuing during several subsequent reunions, has brought into a compass handy for reference a number of experiments and cases bearing upon this topic. Dr. Munde, in reference to the transmission of medicinal agents to the child through the maternal blood, cited, upon the authority of Schrœder, the investigations of Reitz, who, after injecting cinnabar into the blood of a pregnant rab-

bit, found the red particles of the chemical in the blood of the fœtus, particularly distinct in the capillaries of the pia mater, and Schrœder, therefore, considers the transmigration of maternal blood cells into the blood of the fœtus easily conceivable.

Gusserow, of Zurich, injected tincture of iodine and a solution of ferrocyanide of potassium into the stomach of pregnant rabbits, guinea pigs, and dogs, but was unable to find any traces of the drugs in the liquor amnii or in the urine of the fœtus, even when the dose had been given five days before. On the other hand he detected iodine in the liquor amnii and in the urine of the new-born infant after administering iodide of potash for some time (about two weeks) to the mother, before her delivery.

Zweifel, of Strasburg, in 1874, in five cases where chloroform had been inhaled during labor, found traces of the agent in the placenta and in the urine of the new-born infant, thus showing that that vapor, at least, is transmitted to the fœtus. This discovery has not yet been confirmed.

Benicke, of Berlin, gave salicylic acid to twenty-five women during labor, and found it in the urine of the children immediately after birth, the shortest time after its administration being forty minutes. In contradiction to Gusserow, he concludes that the osmosis between the mother and fœtus is an exceedingly active one. Paul Ruge and A. Martin arrived at the same results with that agent, but found only traces of iodide of potash after prolonged use of the drug by the mother.

Fehling, of Leipzig, injected woorara into the jugular veins of two rabbits and a dog in order to produce the specific effect of the poison on the fœtuses. The latter, however, utterly failed to show the influence of the drug, and even those rabbit fœtuses whose mothers had been anæsthetized to apnœa with chloroform persisted in moving actively and respiring freely when the uterus was opened. This last experiment, in connection with universal practical experience, lays Zweifel's observations on the rapid passage of chloroform into the fœtal system open to question.

The effect upon the fœtus of morphia, administered hypo-

dermically to the mother, is somewhat difficult to determine, as the drug is usually employed in more or less abnormal cases, and the asphyxia of the new-born child can be as well ascribed to the dystocia as to the morphine. Fehling collected sixty-eight cases in which the remedy had been so administered, and among those where the labor terminated spontaneously, four children were born dead and six asphyxiated; four other children, three of which were easily delivered by the forceps and one by podalic extraction, died unexpectedly, a few hours after birth, without apparent cause. The cerebral organs of all these cases were very hyperæmic. Kormann, the first to recommend hypodermic injections in obstetric practice, in fifty-four cases had six still born children and six which died shortly after birth, and still he declares that he never saw any injurious effects upon the fœtus from such treatment.

Dr. Fordyce Barker called attention to the facts that mothers strongly affected by emotional causes and mental impressions during pregnancy, were likely to beget children which would be seized with convulsions shortly after birth, while, also, the progeny of women suffering from eclampsia during labor were frequently similarly affected; and, lastly, that opium poisoning in the infant sometimes presented the same symptom, so that in a given case, where any two of these factors were present, it was a difficult matter to select the offending one. In opposition to Zweifel's observations, Dr. Barker said that we know thousands of women who have been kept profoundly under the influence of anæsthetics for hours before and during labor, and that the infant when born has been as active and lively as if no such agent had been administered to the mother. Others, no doubt, he added, had noticed this curious fact, that pregnant women who were notorious opium eaters, had given birth to healthy children, and that these children, on taking the mothers' milk, were poisoned by the opiate. He concluded his remarks with the following propositions:

1. There is no evidence which can be accepted in science that narcotic drugs, administered to the mother, ever produce their specific effects on the fœtus in utero.

2. Therefore, such drugs should be used without fear of their effect on the fœtus whenever they are necessary for the health or the life of the mother.

Prof. Peaslee, in summing up his conclusions, said he did not believe that medicines in general have any appreciable effect upon the fœtus in utero, even when administered for a considerable length of time (several weeks at least) to the mother.

Dr. W. R. Gillette, after citing a number of cases, stated his opinion that morphia, when administered to the degree of producing its physiological phenomena in the mother, will invariably produce a relative condition of narcotism in the newborn infant.

Dr. Thomas agreed with the latter gentleman, but still employed morphia injections, for almost every measure in medicine is sometimes attended with danger, if proper care is not exercised.

Means of Detecting the Death of a Fœtus.—(*Lyon Med.*, Oct. 29, 1876, *Lon. Med. Record*, Dec. 15, 1876). Dr. P. Marduel, as the results of different series of experiments by various authorities, publishes the following: In a gravid uterus containing a living child, the temperature is from 0 27° to 0.54° Fahrenheit higher than in the vagina, the temperature in the latter being higher than in the axilla. In a gravid uterus containing a dead child, the temperature is lower than that of the vagina.

The Obstetrical Aspects of Idiocy.—(*Brit. Obstetrical Jl.*, Jan., 1877). Dr. J. Langdon Down's observations extend over eighteen years, and include over 2,000 cases.

1. Primogeniture seemed to play an important part, twenty-four per cent. of all the idiot children observed being primiparous.

2. The total average number of children in the same families was 7.9.

3. Probably a large number of primiparous children also were weak-minded, without being actual idiots.

4. The cause of this preponderance may be attributed to —*a*, the exalted emotional state of both the mother and father; *b*, the increased difficulty of parturition; *c*, suspended animation.

5. Forty per cent. of idiots, who had been resuscitated out of the latter condition, were primiparous.

6. Instrumental interference seemed to have no injurious influence.

7. Twin births seemed to have an injurious effect, since two per cent. of the last thousand cases were twins, and in the the same families there were only two per cent. of twins not idiots.

8. In many cases there was history of severe vomiting, falls, injuries, or hemorrhages during pregnancy. The first seemed to be especially injurious.

9. Fright accompanied by syncope was also present in many cases.

10. Of the 2,000 cases, the ratio of males to females was 2.1 to 9.

11. When a neurosis was paternal, he found that the male progeny suffered, and conversely.

12. He could determine nothing satisfactory as to the effect of the administration of ergot.

Support of the Perineum During Labor.—(*Rich & Louis' Med. Jour.*, April, 1877). Dr. Turnipseed exclaims against the utter impotency of the present means employed to prevent lacerations of the perineum. He states from his experience, that very nearly all the resistance to the advance of the head is due to the action of the transversi perinei and constrictor vaginal muscles, that the advancing head forces down the posterior wall of the vagina into a cul-de-sac behind them. To prevent its formation, the head must be resisted by outside pressure, either forcing the head to describe the arc of a circle to reach the vulvar opening or retarding labor at the expense of the woman's strength. He recommends to pass two or more fingers of the right hand into the anus, applying them

firmly against the superior wall of the rectum and pressing with great force perpendicularly upward, and, if the head has already found the cul-de-sac, diagonally backward and upward. Should these efforts not move the head of the child, he places two or more fingers of the left hand within the vulva at the fourchette, pressing them between the head of the child and the above-cited parts, and using a lever force by forcing the hand downward in the direction of the raphi of the perineum.

Post Partum Hemorrhage.—(*Can. Med. and Surg. Jour.*, April, 1877). Dr. Handsel Griffiths, of Ireland, from the very satisfactory results obtained in two cases of post partum hemorrhage, recommends the following treatment. In both cases every means had been adopted to check the hemorrhage, but without any result. Ether spray was then tried, and after directing it for a few seconds over the abdominal walls, along the spine and over the genitals, the uterus at once responded and the cessation of the hemorrhage was almost immediate. The superiority, in point of convenience, of this means of applying cold, over the ordinary application of cold water, is patent to every one.

## Surgery.

Suppurating Cyst of the Kidney.—(*L' Union Medicale*, June 5, 1877).—M. Dieulafoy reported the following interesting case to the Societe de Medicine in the meeting of March 10th. M. P., treated by Dupuytren in 1826 for a vesical catarrh and operated on for stone by Sanson in 1836. Since that time, he has hardly missed a week without passing numerous and quite large calculi, which were unaccompanied by renal colic or vesical pain. Until 1872, his general health, laying aside a few slight attacks of gout, was excellent, but about that time, he noticed a feeling of discomfort and weight in the abdomen and that the latter was increasing considerably in size. In Feb. 1873, his appetite, after growing less for some time, was completely lost, oppression and fever appeared and in a few days,

the dyspnœa had increased to such an extent, that asphyxia appeared imminent. On examination, M. Dieulafoy discovered an enormous tumor filling up a portion of the right thoracic region and extending down through the abdomen into the iliac fossa. By palpation, the limits of the tumor could not be well defined and an elastic rather than a fluctuating feeling was imparted to the fingers. Dullness, on percussion, extended from the fourth inter costal space anteriorly and from the spine of the scapula posterior down to the ilium and in front, it overlapped the linea alba by four inches. Heart normal. In the lungs sub-crepitant rales, particularly in the left, from pulmonary congestion. M. Dieulafoy was of the opinion that the tumor was a suppurating renal cyst, following a hydronephrosis of the right kidney. As respiration was so impeded that the patient could live but a short time if he were not immediately relieved, Dieulafoy punctured the abdomen, two inches to the right of the umbilicus, with needle No. 2, of his aspirator and at a depth of an inch and a quarter fluid commenced to pass into the instrument. Five quarts of an odorless, thick liquid, containing neither membranes nor gravel were drawn off to the speedy relief of M. P. He continued in comparative comfort for ten days, when a second puncture, a little to the right of the former one, for the tumor had diminished some, permitted three quarts and a half of purulent fluid to pass out. Three subsequent operations were performed, with only a few days interval between each, and on each occasion, the tumor was in-completely emptied of the contained pus. In consequence of this contained reproduction of purulent matter, M. Dieulafoy commenced to think of radical measures and accordingly proposed to his patient to leave a trocar permanently in the opening to the tumor. M. P., absolutely refused the measure and as he was greatly relieved by the punctures, he wished to be treated that way if it took all summer and winter besides. During the following seven months, there was such a reproduction of purulent matter, that the tumor was evacuated twenty-six times; still the patient's health was improving steadily and the formation of pus was unattended by fever nor disturbed in

any way his general condition. Gradually the secretion commenced to diminish, so that during 1875, but five punctures were necessary and in 1876, but two and finally six months after the last aspiration, a puncture failed to discover any pus.

Noteworthy points are the age of the patient, who is an old man; the length of treatment, three years; the number of punctures, forty-five; the absence of constitutional reaction during the formation of pus in such quantity; the absence of any accident after so many operations with the aspirator; the present fine health of the patient, who still however continues to pass numerous calculi at very frequent intervals and without any pain.

ORIGIN AND CAUSES OF NEAR-SIGHTEDNESS.—(*Boston Medical and Surgical Journal*, Dec. 21, 1876. *Prof. Arlt, Vienna. Dr. H. W. Williams.*)—1. Near-sightedness manifests itself most frequently between the ages of ten and sixteen.

2. A predisposition to it may be suspected as early as the fifth or sixth year, if the child has a general resemblance to parents or other members of the family who are already myopic.

3. The prediction is not, however, certain until the special symptoms appear.

4. Congenital near-sightedness is not as yet proven.

5. The predisposition to myopia—but not the condition itself—is inherited; but it may also arise where no hereditary tendency exists.

6. Near-sightedness is not primarily developed after the age of sixteen.

7. The growth of the eyes ends at puberty, or at the latest, at the twentieth year.

8. The veins of the young myopic eye are subjected to greater pressure in regarding near than distant objects, and this intra-ocular pressure causes a giving away of the juvenile sclera, which is still tender and dilatable, near the posterior pole of the globe, where it is the least supported

9. If this intra-ocular pressure is prolonged by continuous use of the eyes, or if the resumption of work occurs before the

dilated membranes have recovered their normal condition, a chronic engorgement of the intra-ocular vessels exists, and the elongation of the globe continues stationary, or by serous exudation is progressive.

PROPHYLAXIS.—1. Youthful eyes should not be overtasked with work upon small objects.

2. In the intervals of study, etc., opportunity should be given for recreation and practice in looking at objects at a distance, and particularly to city children.

3. In the convalescence from measles, scarlatina, and other diseases in young children, small playthings, pencil drawing, etc., should be prohibited as objects of amusement.

CHLOROFORM AND ETHER IN THEIR MEDICO-LEGAL RELATIONS.—(*Ohio Med. Recorder*, Jan., 1877). Dr. A. M. Denig, in an interesting paper before the Columbus Pathological Society, presents the consideration of chloroform and ether in their medico-legal relations, under the following three heads:

1. Can they be administered successfully to persons during natural sleep without awakening them?

2. Can they be forcibly administered for criminal purposes, in opposition to the will of the person to whom they are given?

3. Can a person give competent testimony as to what occurred during the anæsthetic state?

For convenience sake, he discusses them in reverse order, and arrives at the following conclusions:

1. In the third question, the person is supposed to take the anæsthetic voluntarily. Now the action of chloroform is divided into three stages—first, that in which the symptoms resemble alcoholic intoxication, in which the patient is often noisy and talkative and gives play to the emotions, etc. This stage is usually very short and rapidly passes into the second, in which the consciousness is wholly lost, and in which the patient lies passive and helpless. In the third case narcosis is profound, the breathing stertorous, muscular relaxation extreme, and complete abrogation of all reflex actions. Every one who is at all

acquainted with the phenomena excited by chloroform and ether knows that there is a time during the first stage of the intoxication in which pain is nearly or quite abolished, and yet the consciousness of the patient is almost intact. At no time during this stage, however, is there a complete abolition of the power of volition, the patient is not deprived of the power of resistance, and they will frequently tell you that they were entirely conscious of all that transpired, and yet felt little or no pain if any operative procedures had then been made. Therefore there was a voluntary act of the will in allowing the operation to proceed, with a perfect consciousness of the fact that they could have prevented it had they so desired. Now if, during this time, any criminal act takes place, a passive, unresisting submission would imply her entire acquiescence in the act, and make her "participo criminis." But, when the power of resistance or outcry is abolished, the consciousness of a real motive for it is lost also. If, now, an outrage be perpetrated or attempted on a woman, she cannot be aware at the time of the liberty which is being taken with her person, and her statements should be entirely repudiated as either the product of her imagination or a deliberate and wicked misrepresentation for sinister and selfish purposes.

2. Can chloroform be administered forcibly? Ordinary experience in the administration of anæsthetics teaches us that none of these articles can be forcibly administered with felonious intent without the exercise of a force sufficient to accomplish the robbery or other contemplated crime without resorting to their use, and that, when such an allegation has been made, a careful examination of the facts will unequivocally prove a collusion between the parties—the assailants and the assailed.

3. Can chloroform be administered during sleep? Besides a number of successful cases scattered through the medical journals, the first systematic experiments made to answer this question are those of M. Dolbean, surgeon of Beaujon Hospital, Paris. Three different series of attempts were made by him, assisted by his "internes," and from his account it is obvious that the more the experimenters became familiar with the "mo-

dus faciendi" the number of persons successfully anæsthetized proportionately augmented; at first it was one in four, then two in six, then six in nine.

The experiments were made publicly, in the surgical wards, upon patients of all ages, and twelve M. of chloroform were given at a time upon a napkin, held some distance from the person's face. As out of the twenty-nine subjects on which these experiments were tried ten—more than one-third—were successfully anæsthetized, we may say that it is difficult, but it is certainly possible, to render a person insensible by the use of chloroform vapor administered during sleep. Accordingly, the expert must, in justice, declare that it is possible, if it is *not* easy, to render a person insensible by chloroform during a natural sleep, in order that he may be made the victim of a criminal assault.

Prelachrymal Oily Cysts.—(*L'Union Med.*, Jan. 6. *American Journal Medical Sciences*, April 1, 1877.)—Prof. Vermeuil recently reported three examples of a pathological condition which he believes has not yet been described by authors on diseases of the eyes. The patients were two males, aged respectively twenty and twenty-one years, and a young girl aged nineteen. In the first case there was an indolent, colorless and irreducible cyst of the size of a cherry stone situated at the inner angle of the eye, in front of the lachrymal sac. The contents were drawn off by a Pravaz syringe, and the liquid withdrawn had all the appearance of olive oil, which also it resembled in chemical characters. In the second case the tumor was of the size of an almond, quite indolent, occupied the whole of the inner angle of the orbit, and never had caused any disturbance of vision or obstruction to the flow of tears. A puncture allowed about two and a half grammes of a liquid similar to that of the first case to flow out. In the girl the tumor was situated a little above the lachrymal sac, was very hard and of the size of an ordinary cherry. On section, a similar oleaginous fluid escaped. In the three cases, the operations proved radical ones.

Osseous Lesions in Infantile Syphilis.—(M. Parrot, *Archives de Physilogic*, *Lancet*, Nov., 1876.)—They are the most common manifestation of syphilis, and make their appearance some days, weeks or months after birth. They are diagnosticated from rachitic changes by their appearance in the earlier periods of infancy, and on the other hand, the latter lesions are rarely seen before the sixth month of extra-uterine life. The long bones of the limbs, scapula, ilium and cranial bones are those most frequently affected with the syphilitic taint, while the ribs, clavicles, metacarpal and metatarsal bones and the vertebræ more rarely suffer. The bones are always attacked symmetrically. The lesions are arranged by M. Parrot under four heads, according to the degree of osseous change. Those of the 1st degree are seen in the fœtus and in infants who live but a few days. The affected bones are covered with a layer of osteophytic growth and the epiphysial cartilages are thickened. so that sometimes the diameter of the bones attains double the normal size. In the 2nd degree, the layers of new bone are not so compact and are deposited usually upon the lower extremities of the humerus, the upper of the radius, the anterior surface of the femur, and the inner surface of the tibia. At the same time a gelatiniform atrophy of the cancellous tissue takes place which soon extends to the compact substance and lastly to the layer subjacent to the epiphyseal cartilage. This osseous degeneration gives rise to the syphilitic pseudo paralysis of the new-born. In the 3rd degree, which affects older infants, an hypertrophy of the medullary substance gradually encroaches upon and displaces the osteophytic productions of an earlier date. This occurs most frequently in the lower third of humerus. In the 4th degree, spongy tissue develops itself at the periphery and the extremities of the long bones, which lesion occurring after the sixth month of life may pass into and be mistaken for those of rachitis.

Percussion of Bones.—(*Centralb. of Chirurg.*, 1876, No. 43. *Medical Times*, Jan. 6, 1877). Prof. Lucke believes that percussion may prove of great aid in the diagnosis not only of painful spots in a bone, but also of hypertrophies and deposits

in the marrow and bone substance. Percussion of the epiphysis of a long bone gives invariably a higher note than that of the diaphysis, while callous and foreign growths give a lower resonance. The examination must always be a comparative one, that is, both the normal and the diseased bone of the opposite side should be sounded. In the percussion of the extremities, they must be lifted from the floor or table. E. C.

Aural Polypi.—(Dr. Ladreit de Lacharriere. *Archiv. des Maladies de l' Oreille et du Larynx*, Aug., 1876. *London Med. Record*, Dec. 15, 1876). After speaking of the frequency of their occurrence, their varieties, different modes of treatment, the inconveniences and dangers of various caustics, the Doctor suggests the following as a not too violent caustic, and still one sufficiently strong to destroy what one wishes to attack. He proposes sticks of zinc chloride, a little morphia and wheat flour. These points, dried in the oven, acquire sufficient hardness to be introduced without breaking into the offending tissues. The caustic action is accompanied by very slight pain, and it does not penetrate too deeply. To destroy the parts remaining after excision, for example, he considers the points invaluable.

Treatment of Hydrocele by Electricity.—(*Prager Med. Wochenschr*, No. 28. *Can. Med. and Surg. Jour.*, April, 1877). Von Friedenthal recommends electro-puncture, on account of the success which he has obtained with it in hydrocele. The gold needles must be introduced only into the skin, and not into the sac. He passes a current for three minutes and repeats the sitting every second day. Five or six operations are generally sufficient to produce complete absorption of the hydrocele. Occasionally the hydrocele returned, but the same objection occurs in the iodine treatment

Milk Diet in Vesical Disease.—(*Lancet*, Dec. 16. *The Doctor*, Jan., 1877). Dr. G. Johnson recommends an exclusively milk diet in cystitis and after lithotomy. He has noted its value in several cases of the acute form, but particularly in a chronic one of two years' duration. The modus operandi is sufficiently obvious, the urine being largely diluted with water

and rendered mild and unirritating by the digestible nature of the food; the bladder, therefore, being comparatively undisturbed by its contents, reverts to its normal condition, the inflammation of the mucous membrane subsides, and the morbid secretion of the puriform mucous ceases. Milk may be taken cold or tepid, and not more than a pint at a time.

Can a Stroke on the Face Rupture the Membrana Tympani?—(*Dr. Fritsch, in Medycyna*, No. 32, 1876. *Clinic*, June 2, 1877.)—The writer answers affirmatively by citing several cases, and claims that, on testing by Valsalva's method, a loud whizzing can be heard in the external auditory passage. If the opening in the membrane be the result of disease, the sound is of a hissing character. The opening produced by a blow is a fissure, whilst that caused by disease is round or oval.

Ossous Deposits in Choroid.—Dr. Wadsworth recently exhibited to the Boston Society for Medical Improvement (*Boston Medical and Surgical Journal*) an eye which had been removed on account of sympathetic ophthalmia, and which contained a bony formation in the choroid and a calcareous deposit in the lens. The case had the following history: The patient, fourteen years ago, while serving as a fireman on a steamer, got what he supposed to be a spark in his right eye, which excited a severe inflammation, lasting several weeks, and leaving the sight of that eye very much impaired. The eye, however, remained quiet for five or six years, when a blow from a potato roused fresh inflammatory manifestations which resulted in total blindness. From that time, namely, eight or nine years ago, the eye has been irritable and tender, often being quite painful. In August last he presented himself at the City Hospital with sympathetic inflammation of the other (left) eye, which dated back a week. The right eye, the one originally injured, was somewhat shrunken, the cornea irregular and considerably diminished in size; there was no anterior chamber, the pupil was closed and the iris disintegrated. There was circumscribed corneal congestion and tenderness on pressure. The left eye showed an active iritis, with several posterior synechiæ and the media were somewhat cloudy. The right eye was enucleated

without an anæsthetic, the patient refusing to take it. At the end of three or four weeks treatment in a darkened room, by hot fomentations and constant use of atropine, etc., the posterior synechiæ of the remaining eye were broken down, the inflammation subsided, and the functions of the organ became apparently normal—a result which, in the unanimous opinion of modern authors, rarely follows a sympathetic inflammation.

Shortening of the Lower Limb.—*(Archives of Clin. Surg.* Feb. 1877).—Dr. J. S. Wight after obtaining from the measurement of the uninjured lower limbs of sixty persons, results similar to those reported by Dr. Cox in the *Am. Jour. of Med. Sciences*, April 1875, makes the following practical conclusions:

1 In all cases of fracture of the femur we cannot always prevent the so-called shortening; the number of shortened limbs cannot be accurately fixed.

2. In a certain number of cases of fracture of the femur, the injured limb will remain shorter than the other.

3. Persistent excessive efforts to bring the injured limb down and make it as long as the uninjured one will sometimes fail and are calculated to do harm, since the strong fascia of the thigh offers great resistence and since the injured limb may have been shorter than the other before the injury.

4. To give the injured limb a maximum length, it may be necessary to completely relax the powerful muscles of the thigh by etherization or by tiring them out by extending weights gradually applied.

5. The possibility of having the injured limb longer after treatment than the other must be recognized, and the most probable explanation of such a result must be given.

Dangers of Surgical Operations on Opium Users.—(Dr. E. Henderson, *Edinburg Med. Jour. Med. and Surg. Reporter*, Jan. 3, 1877) —The Doctor, in speaking of surgical practice in China, makes some practical observations upon the results of operations on the confirmed opium subject which are not unworthy of the attention of our own surgeons, viewing the great amount of the drug which is now consumed in our country, and especially by those who submit to operations for the

cure of chronic affections. He says: That patients debilitated by the excessive use of opium bear poorly the shock of injuries or operations; their tissues possess but little vitality, slough rapidly and heal slowly. They are restless and irritable, have but little appetite, and no power to assimilate what they do eat. In the confirmed opium smoker, the surgeon would do well to confine the use of the knife to cases which require absolutely his interference. During treatment and after operations the drug should not be withheld, but rather given in increased doses. Opium smoking, in the case of those who suffer from painful and incurable diseases, possesses certain advantages over other forms of administration.

Treatment of Glandular Swellings and Abscesses — (*Gaz. Med. de Paris*, Dec. 2. 1876. *Med. Record*, Feb. 3, 1877). M. Quinart, of the Ghent Hospital, not only advises, like Nelaton, to attack simple engorgement of the glandular tissue at the outset with a series of blisters, but he employs the same treatment when pus has already formed. In this way resolution of suppurating glands can be obtained, which already contain several ounces of pus. When perforation of the skin is threatened, he punctures the sac at the most dependent part of the tumor, where the instrument must traverse a large extent of healthy cellular tissue. When the sac is emptied it is covered, whatever its extent, by a blister which overlaps it on all sides by one or one and a half inches. The following day, the blister is dressed with mercurial ointment; as soon as the skin begins to cicatrize, a second blister is applied, and so on. Among other cases, M. Quinart has cured an abscess that extended from the angle of the jaw to the clavicle, and which contained over ten and a half ounces of pus. The tumor was punctured just above the clavicle, and then entirely covered by a large blister. The second day, the little wound was reopened by means of a stylet, and a quantity of serous pus escaped. The third day, the greater part of the sac was closed, the fluid that accumulated in the most dependent part was reabsorbed, and no mark of this immense abscess now remains, except a small cicatrix above the clavicle.

## Gynæcology.

Unusual Uterine Hemorrhages.—(Dr. Fordyce Barker, of N. Y., *London Med. Record*, July 15th, 1876. *Braithwaite's Retrospect*, Jan. 1877). Some uterine hemorrhages occur independently of any peculiar condition of the uterus itself. They may be owing to—*a*. Certain conditions of the ovaries—*b*. To conditions of organs remote from the uterus or constitutional causes—*c*. To toxic constitutional causes. In the first class we find: 1. Acute ovaritis, a very rare condition in the non-puerperal woman, unless under the influence of strong sexual excitement, or by some sudden shock, emotional or physical, the process of ovulation is arrested, and the ovaritis excited, when profuse hemorrhage may follow. 2. Ovarian dysmenorrhœa, a condition sometimes attended by profuse uterine hemorrhage, though the opposite is rather the rule. This class of cases, sometimes called of ovarian temperament, is characterized by the early appearance of menstruation, an excitable nervous temperament, and by a prodromic stage of two or three days before menstruation, in which the patient experiences languor, nausea, headache, pains in the breast and frequently pains in the region of the ovaries.

Great benefit is obtained in these cases from the use of Potass. Brom. during several days before the expected return of the period; leeching, when the ovarian symptoms appear, and the most perfect quite and rest in the recumbent posture during the entire time of each menstrual epoch. 3. Acute ovarian displacements, such as a sudden prolapsis of an ovary, from violent effort or shock, or produced by constipation. Here we finish the acute symptoms of displacements of the ovary and the condition may be accompanied by menorrhagia extending over two or three menstrual periods. The rational method of treatment is to overcome the displacement and the ovarian congestion. In the second class, *c*, we have metrorrhagia and menorrhagia, resulting from obstructed portal circulation through the right cavities of the heart, and also from certain diseases of the kidneys. Disturbed brain-action from emotional causes may also be here mentioned.

In the third class, *c*, we find: Malaria as a not unfrequent cause of a prolonged but not profuse menstrual flow. 2. The various exanthemata, in which dangerous hemorrhage sometimes appears.

There is a fourth class of class of cases which is difficult to classify; but an example of which possesses the following traits: A woman who has had no uterine disease, after having borne one or two children, exhibits a remarkable tendency to obesity, accompanied by an excessive uterine hemorrhage. These are troublesome cases, for the most careful physical examination fails to detect the cause of the hemorrhage, while the usually healthy appearance and flushed countenance of the patient are apt to deceive the medical attendant. These are really cases of anæmia and should be treated first by ammon. acet., and saline cathartics to deplete the blood of its excess of watery elements; afterwards the potass. chlor., and the preparations of iron are indicated, and on this plan of treatment the patient will, instead of becoming stouter and increasing in weight, diminish in size and weight and improve in health and strength. Chlorotic menorrhagia may be met with as well as chlorotic amenorrhœa.

For the hemorrhages attending the climacterie period, Dr. Barker recommends the following treatment, if no tumors or malignant disease exist. Where the uterus is increased in size and weight, these suppositories should be used for a week previous to the return of the expected period: ℞. Ext. of ergot (Squibbs), scr. ii.; cacao. butter ʒj. Divide into twelve suppositories, one of which is to be introduced high up into the rectum, morning, noon and night, and the patient must keep the recumbent positure for at least one hour.

In prolonged, though not excessive hemorrhages, there is probably some lesion affecting the lining membrane of the uterus, and he then advises the introduction into the cavity of the uterus, of cylinders of Iodoform:

℞. Iodoform ʒiiss.; gum tragacanth, gr. xv.; mucilage, q. s. Divide into ten cylinders, each one, one and one-half inches in length. One of these should be introduced daily for

five or six days previous to menstruation. The objection to these is the extremely disagreeable odor which attends their use, as likewise a most disgusting taste in the mouth two or three minutes after their introduction into the uterus.

# Editorial.

NOTICE TO CORRESPONDENTS, ETC.—Communications intended for publication, and books for review, should be addressed to "Editors of Detroit Medical Journal, care of E. B. Smith & Co., Detroit."

All remittances of money, all letters on the business of the JOURNAL, pertaining to subscriptions or advertisements, should be addressed exclusively to the publishers, E. B. Smith & Co., corner Fort and Griswold Streets, Detroit, Mich.

Original Articles, Reports of Medical Societies, Observations, Correspondence, News, etc., of general interest, are respectfully solicited from every source. Articles should be practical and carefully prepared.

The Editors will not be responsible for statements made over the names of contributors.

## Vaccination in Detroit.

The recent action of our Board of Health in instituting a plan of general vaccination and re-vaccination must commend itself to all who have realized the extent to which small-pox has prevailed for some months in this city. Contrary to its usual custom the disease has prevailed more extensively since the advent of warm weather than during the winter. To account for this increased prevalence, notwithstanding the influence of the ventilation and sunlight incident to summer, is not now our purpose. It is sufficient to assert that the existence of the disease to the extent to which it has prevailed in this city for the last two years is a reproach to an enlightened community. The Board of Health have, during these years, faithfully recommended and have even clamored for the enforcement of the plan which has now finally been determined on, but have been opposed at every step by the Common Council, which, from mistaken notions of economy, has affected to believe the plan unnecessary if not unjustifiable.

Since the work has been vigorously prosecuted the disease has almost entirely abated, and inasmuch as the vaccination was at first confined to sections in which small-pox at the time

or had recently prevailed, it is fair to presume that it and the abatement occupied the relations of cause and effect. It may moreover, be safely predicted that the thorough general carrying out of the plan will be followed by an almost absolute immunity from the loathsome disease next winter. The experience of other cities certainly justifies such a hope.

With but few exceptions this general vaccination has the approval of the profession, and it is hard to understand how the opposition of these few can be other than captious. It is certainly one of the wonders that in this year of grace 1877, members of our profession can be found opposing what has demonstrated itself beyond the shadow of the semblance of doubt to be one of the most beneficial discoveries of medicine, ancient or modern. The intelligent layman no longer dreads small-pox, and it has lost its terrors to even the masses, and all because of the recognized virtues of vaccination.

There are certain facts which the present general vaccination has corroborated. Among these is the one that the protective influence of vaccination during childhood does not last through life, and that therefore a re-vaccination is necessary. The vaccinators in this city report a very large number of successful vaccinations in adults who exhibit evidence of previous vaccination in childhood; thus clearly demonstrating that the influence of the former operation had died out. It is impossible to say from the appearance of a scar whether or not the system is protected by the original vaccination. Numerous instances have been noted in which subjects presenting clearly defined and typical vaccination scars, have for the second time been successfully vaccinated. A second vaccination has also been successful in a number of persons who had previously suffered from small pox. It is remarkable, however, that in every such case the person suffered from the disease during childhood; in no single instance did the vaccination succeed in persons who had had small pox after reaching maturity. The lesson deducible from these facts is plain. The changes incident to the period of growth are capable of eliminating the taint imparted in childhood, and thus render re-vaccination necessary. The virus used

has been the bovine and the success which has attended its use demonstrates that it is as readily absorbed as is the humanized. The constitutional effects have been no greater than those following the use of the humanized, and notwithstanding the hot weather during which the vaccination has been conducted, not a single case has been reported showing the disgusting sores which are by no means uncommon after the use of humanized virus. The danger of communicating syphilis or other taints is entirely eliminated by the careful use of bovine virus, and thus one of the great objections to vaccination is removed. We think the result of the present vaccination in this city will be to bring humanized virus into disrepute, and to correspondingly bring the bovine into favor. The public vaccinators have abstained from vaccinating children suffering from the disturbances incidental to teething and in this they have acted judiciously. Instances have come to our knowledge in which this rule has been disregarded to the manifest injury of the child. J. J. M.

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## Memoranda.

Vienna, Austria, contains one physician for eight hundred and fifty-eight inhabitants. Berdapest has one physician for each four hundred and eighty-four persons.—*Clinic.*

Dr. Chas. Nichols, late of the Government Hospital for the Insane, at Washington, D. C., has been appointed superintendent of the Bloomingdale Asylum, at New York.

R. Berendsohn, 48 Nassau street, New York city, is publishing a series of photographs of medical men in Europe. They are chiefly taken from oil paintings by celebrated artists.

The "Toledo Medical Press Association" now publishes the Toledo *Medical Journal.* Its editors are, Drs. Jonathan Priest, W. C. Chapman, and Thomas Waddel. It is a neatly published and well edited medical journal, worthy of abundant support.

Dr. S. Weir Mitchell says that he has a patient, a lady, who has lived two years a reasonably active life on two quarts of milk a day. She weighs ninety-eight pounds, and is five feet high. Two women, weighing respectively eighty-eight and ninety-six pounds, kept their weight precisely when at rest in bed by taking three pints of milk daily, and fatten slowly on five pints.

Inebriate asylums have thus far justified their establishment by actual results. Women of the upper or middle classes, in order to be induced to seek an asylum, need special surroundings and selected associates in the asylum. The Women's Temperance Union, of Philadelphia, in its home for women addicted to drink, has recognized these facts, and will, we doubt not, meet the success it deserves.

An English journal gives an authentic case in which a girl, a manufacturer of cigars, having a chancre upon her lips, moistened with her saliva the tips of all cigars she made for three days. How many similar cases occur none can tell. Further, tobacco strippers have a practice of moistening the leaf with spray from the mouth. In both of these ways syphilis may be spread over the fragrant cigar and inoculate the unsuspecting devotee.

At the meeting of the regents of Michigan University, June 26th, '77, certain changes were ordered in the plan of instruction, viz., that the course of instruction hereafter be extended to nine months. Students who have already matriculated are to be allowed to continue the course upon the basis upon which they entered, namely, six months in a term.

Students entering after the present date are to be provided with a consecutive course of instruction and study continuing three years Students properly qualified may enter the department of medicine and surgery at any time, and pursue such branches of study taught as they may select, receiving specific certificates for the time spent and for the subjects pursued; but after the session of 1878–9 no students shall be recommended

for the degree of doctor of medicine who has not passed a thorough and satisfactory examination upon all the subjects taught in this department, and who has not been in regular attendance upon medical lectures in this or some other reputable school of medicine, recognized by this university, for at least two full courses, the last of which must have been spent in this department. After the session of 1878–9 graduation will duly occur at the June commencement.

The salaries of Profs. Palmer, Frothingham, Maclean, Dunster, Ford and Langley were fixed at $2,500 each; J. G. Gilchrist at $2,000, W. J. Herdman, $1.300, Chas Stowell, instructor in the physiological laboratory, $1,000, Victor C. Vaughn, instructor in medical chemistry, $750.

Dr. Morgan, at the instance of the Michigan State Homœopathic Society, was ejected and Dr. W. J. Hawks, of Chicago, appointed as Professor of Theory and Practice of Medicine (Homœo.).

The American Public Health Association will convene in Chicago, Tuesday, September 23d, 1877, in accordance with the adjournment of the previous Annual Meeting.

NOTE.—The Executive Committee has recommended that, for this meeting, the leading discourses, papers and discussions shall be arranged under the following divisions of subjects:

*I. Sanitary Topography and the Systematic Drainage and Sewerage of Cities and Villages.—Other Problems of Public Health.*

*II. Sanitary Control and Extermination of the Contagia of Typhoid (Enteric) Fever, Scarlatina, Small-Pox, etc.—Other Problems of Domestic Health.*

*III. Expert Testimony and the Pursuit of Exact Scientific Researches in Public Health Service.*

Under these three general divisions, contributions are already promised upon the following topics, and, upon several of them, there will be discussions and written statements from original observation and experience:—

1. Discourse, by the President of the Association, on the Sanitary Topography of Chicago, and the Artificial Remedies of

Natural Disadvantages. 2. Report on the proposed Sanitary Survey of the United States. 3. A paper on Problems old and new in the Sanitary Drainage and Sewerage of Chicago and other western cities. 4. A Paper on the Sanitary Geography of Phthisis Pulmonalis and other Pulmonary Diseases. 5. Statement and Discussion of the Problems of Sanitary Inspection, Safe-keeping and Transportation of Food Supplies—Animal and Vegetable. 6. Discourse on the Sanitary Lessons of the Great Fire in Chicago. 7. A paper on "Stamping Out" Scarlatina and the extinguishing of Zymotic Disease. 8. A paper on Sanitary Observations and Preventive Measures in regard to Diphtheria. 9. A review of the Teachings of 22 years' records of Mortality from Croup, Diphtheria and Scarlatina in a city. 10. A paper on the Miasmata of Dwellings and Dwelling Grounds. 11. A paper on Family Health and the Relations of Heredity, Habit and Hygiene to it. 12. A paper on the Entailments of Ebriety in Individuals and Families. 13. Report on a Practicable Method for securing complete and Authentic Records of the Causes of Death throughout the United States. 14 Suggestions respecting the Sources and Propagation of Trichina, considered with reference to Sanitary Measures. 15. Suggestions for the better Hygienic Care of Sailors and other Watermen, upon the Coastwise and Inland Waters. 16. Sanitary Safety in Railway Traveling—Facts in the Interest of Travelers and of Carriers. 17. Report and Discussion on Expert Testimony. 18. A paper on Hygiene in the Prevention of Insanity. 19. Statement and Discussion on the Sanitary and Economical Importance of the best Surgical and Medical Treatment of the Needy Poor. 20. A paper on the Tests and Supervision of Milk Supplies of Large Cities. 21. A paper on Health in Education, as viewed in each Grade of the Schools. 22. Report on Enteric (Typhoid) Fever as observed in western Vermont. 23. Preliminary Outlines of the new Points of Enumeration and Inquiry which the Interests of the Public Health require in the Tenth National Census. 24. Report on Available Methods of Promulgating Sanitary Knowledge and Authorized Information in regard to Vital Statistics and Prevalent Diseases. 25. Dis-

course on the Judicial and other Aids of Law in Public Health Service—A Practical View of the Question. 26. Discourse on the present state of Exact Knowledge of the Causation and Prevention of Destructive Diseases which most harm Mankind.

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# Book Notices.

**Any book noticed herein may be had of E. B. Smith & Co., Publishers and Booksellers, Detroit, Mich.**

MASSACHUSETTS STATE BOARD OF HEALTH. Eighth Annual Report. 1877. Paper; pages, 500.

The report opens with a general account of the work done by the board, its expenses, etc. Dr. Chas. F. Folsom, by an examination of the Nashaua river basin, illustrates and enforces certain facts and principles respecting the pollution of streams, the disposal of sewerage, and the relation of drainage to health. As these studies were based on a very careful survey of the Nashaua river basin, they have a definite and positive value.

E. S. Chesebrough, city engineer, Chicago, Ills., contributes an elaborate article upon sewerage, its advantages, disadvantages, construction and maintenance.

Dr. J. G. Pinkham gives a very perfect account of the sanitary condition of Lynn. Maps and diagrams illustrate the text. All interested in the conditions of health and disease will do well to study this article.

Dr. H. P. Bowditch presents an article upon the growth of children based upon about 24,500 observations. Tables and diagrams are given to deduce the proper teaching of these figures. The following results are of general interest:

The growth of children takes place in such a way that until the age of eleven or twelve years boys are both heavier and taller than girls of the same age. At this period of life girls begin to grow very rapidly, and for the next two or three years

surpass boys of the same age in both height and weight. Boys then acquire and retain a size superior to that of girls, who have now nearly completed their full growth.

Children of American born parents are, in this community, taller and heavier than children of foreign born parents, a superiority which seems to depend partly upon the greater average comfort in which such children live and grow up, and partly upon differences of race and stock.

Pupils of American parentage at the public Latin school, private Latin school, and Massachusetts Institute of Technology are (apparently for similar reasons) superior in height and weight to the generality of boys of American parentage attending the public schools.

Pupils of the same selected schools are also taller and heavier than English boys of the non-laboring classes attending public schools and universities, the superiority in weight being, as a rule, more marked than in height.

The relation of weight to height in growing children is such that at heights below 58 inches boys are heavier than girls in proportion to their stature. At heights above 58 inches the reverse is the case.

Dr. Chas. F. Folsom contributes a long article, mainly historical, on "Disease of the Mind." In this history he shows that there has been a progressive development of rational views in the treatment of mental disease.

The volume closes with reports on diphtheria in Lynn, in Salem, and in Lowell.

As a whole, this report is creditable to the board, an honor to the state of Massachusetts, an aid to the medical profession, and a means of good to the American people.

ZIEMSSEN'S CYCLOPŒDIA OF THE PRACTICE OF MEDICINE, Vol. XII. DISEASES OF THE BRAIN AND ITS MEMBRANES. Cloth; pages, 1,000. 1877. New York: William Wood & Co.

Prof. Nothnagel, of Jena, contributes the articles on anæmia, hyperæmia, hæmorrhage, thrombosis and embolism of the brain. Prof. Huebner, of Leipsic, the articles on syphilis of the

brain and nervous system. Professor Obernier, of Bonn, the article on tumors of the brain and its membranes. Professor Huguenin, of Zurich, the articles on acute and chronic inflammation of the brain and its membranes, and Prof. E. Hitzig the articles on hypertrophy and atrophy of the brain.

As would be expected nearly half of the work is occupied with the subject of inflammations of the brain and membranes, and nearly a third by Nothnagle's account of cerebral anæmia, hyperæmia, hæmorrhage, thrombosis and embolism. These are very important and practical subjects, and will be studied with interest and profit by all practitioners.

Obernier's account of tumors of the brain is well prepared and is of interest as showing the difficulties of making a correct diagnosis in such cases. The same remark applies with even more emphasis to Hitzig's account of "Hypertrophy and Atrophy of the Brain."

The latest positive advances in cerebral anatomy and physiology are recognized through the entire volume. 'Tis of great interest to observe what a flood of light is thus thrown upon otherwise incomprehensible subjects. At the same time it is painfully apparent on every page that we have only fairly begun our study of the physiology and pathology of the brain. Mechanically the volume is exactly similar to its predecessors. We have space only to allude to a few of the views presented.

Softening of the brain occurs in various forms, viz., red, white and yellow. Especial interest attaches to the conditions under which these are developed. Cohnheim, by microscopic observation, has shown that if one terminal artery be occluded, the blood at once begins to flow back from the nearest unaffected artery into the vein and the entire vascular system belonging to the district of the obstructed artery. Hence results hyperæmic engorgement, when the vessels of the affected district become distended with the back flow of blood, structural changes begin to occur in the walls of the vessels involved. When these changes have gone on to a certain degree, the escape of blood corpuscles through them into the surrounding tissues becomes possible. Thus is developed "red" softening.

If the blood should coagulate in the vascular district there could be no inflow of the venous current and no considerable escape of blood corpuscles. This state would constitute the "yellow" or "whitish-yellow" softening. These researches show that in every case the form of the softening depends upon the establishment of a backward venous current or otherwise.

Softening of the brain is of the nature of a *necrobiosis*, and in no respect inflammatory. These researches have a very practical bearing upon the treatment of cases of softening. Violent perturbing or depressing measures are emphatically contra-indicated.

Obernier calls attention to the disturbances of the special senses during the growth of cerebral tumors. "Decrease in the acuteness of vision, even complete blindness is not only very frequent in cases of cerebral tumors, but also often one of the the first symptoms." From a very complete collection of cases, Annuske reaches the conclusion "that optic neuritis is almost without exception a constant attendant upon cerebral tumors, and consequently occupies the front rank among all the symptoms of intra-cranial neoplasms." Hence in every case of suspected cerebral tumor the fundus oculi should be carefully examined. The ophthalmoscopic picture, with its swollen, opaque, and imperfectly defined optic papilla, with its fine arteries and broad and tortuous veins, is such that, once seen, it can never be forgotten

To comprehend these, we must remember that they represent a degenerative process in the nervous elements whose most important part results from an increased intra-cranial pressure. The pressure within the cavity of the skull caused by a tumor dams up the fluid between the sheaths of the optic nerve. The optic nerve, at its place of entrance into the globe, will become incarcerated, and will undergo an œdematous swelling at this point. This, no doubt, hastens disorganization of the prolongation of the nerve.

Huebner, in discussing the treatment of syphilitic affections of the nervous system, says that the iodide of potassium is indicated when the affection is confined to one nerve trunk or

branch, when the symptoms indicate that the syphilitic affection is of a very limited extent, and when the general disease exhibits the characteristics of a mild, slowly progressing malady. But he says the drug must be given in doses from fifteen grains to three drachms daily; large doses only are efficient.

The careful reader will observe that cerebral inflammations, abscesses, etc., very often take their origin from a neglected otorrhœa Place this by the side of the fact that most of the laity and many physicians believe that it is useless or positively harmful to treat an otorrhœa, and the comparison is sufficiently startling to arouse some earnest thought and study.

TRANSACTIONS OF THE 79TH ANNUAL SESSION OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. 1877. Paper; pages, 190.

The most notable article in this pamphlet is the annual oration, by Dr. S. Weir Mitchell. His theme was "Extremes in Therapeutics," which are at times in some cases so valuable, but which are so very apt to be abused or misused.

We cannot forbear to quote some illustrations. A gentleman afflicted with psoriasis inveterata had spent many years seeking relief from the best physicians of Europe and America, all to no purpose. He was such an object of loathing to himself and others that he contemplated suicide. In three weeks this man was bled two hundred ounces, and when he was so feeble as to be hardly able to turn in bed his scales fell off and his skin became as that of a little child. He now could tolerate arsenic as he could not before, and remained cured.

A case of syphilis in which there was extensive disease of both tibiæ and many of the cranial bones had in vain been treated by several able surgeons. In despair he resorted to a mulatto doctor. He was put on his back, bled freely and dieted closely. As the patient became very feeble he was fed at brief intervals on soups and wild game This was repeated many times, but the result was a cure.

The following case illustrates the value of absolute rest: Four years ago I saw a woman, pallid and feeble, who had men-

struated irregularly until two years before, and then stopped at the age of thirty. Everything wearied her, to walk, to read, to drive, to sew; she was a woman with a pack and a shawl on her shoulders, and a sofa for a home and hysterics for a diversion. She had tired out doctors and exhausted drug shops and spas and travel, and outlived a nurse or two. The deformity man had found a spinal curvature and put on a brace; the gynæcologist had had his turn; the quacks had had their share, and she wore blue glasses to keep out the blessing of daylight. She was five feet four, and weighed ninety-four pounds, and had as much figure as a hat rack and had no more bosom than the average chicken of a boarding house table. Nature had wisely prohibited this being from increasing her breed. Like you I had had my failures with such cases, and I was driven to reflect as to what new device I could try. Because everything tired her I put her at rest in bed. I made rest despotic, absolute. Then I fed her with milk at brief intervals. But in a few days my plan failed. Rest she took to well enough, but attempts to feed resulted in sick stomach and diarrhœa and new loathing of food. I now employed systematic massage and the abrupt muscle stirring of an induction current. In this way I strove to give her, while at rest, the benefits of exercise. To my great pleasure, I found in a few days a return of appetite and digestion. Both the massage and the induction current raised the general temperature ½° to 1½° F. The patient was fed by hand to make the rest more complete, and because human beings, like turkeys, can be made to eat more when fed by another agent. Her digestion improved, she reddened and fattened, the nails became pink, the veins began to show in the limbs. At first the extremities became cold under massage, then they grew warm, and at last when she was well the massage no longer elevated her temperature. The fat came first on the face and neck, and then on the back and belly, and last on the limbs. This woman came to me thin, sallow, ugly and feeble. I sent her home fat and well and vigorous and handsome, and menstruating steadily. Thus I re-created blood and tissues and fattened."

The reports of the various sections are passably good. Dr. S. Theobald contributes an extended experience tending to show the value of large probes in the treatment of strictures of the nasal duct.

Dr. B. B. Browne discusses the rectal and vesical diseases due to displacements of the uterus, and Dr. R. Winslow shows the value of strychnia in incontinence of the urine.

REMARKS ON SULPHATE OF QUINIA. By Alexander H. Jones. 1877. Paper; pages 16.

This paper seems to be written in the interests of Powers & Wightman, of Philadelphia. Our readers are well aware that for many months the medical profession has done what it could to obtain the removal of the 20 per cent. duty on sulphate of quinia. Success has been so apparent as to call forth this rejoinder. The above mentioned firm have grown enormously wealthy in the manufacture of this article, protected by their vast capital and the twenty per cent. duty. We see no reason why they could not compete successfully with other manufacturers in open market. At any rate we think the time has come to consider the rights of sick poor. We hope that the next congress will remove this 20 per cent. tax from the unfortunate dwellers in malarial regions.

THE DISCOVERY OF ANÆSTHESIA AND "THE WOMAN'S HOSPITAL." By J. Marion Sims, M.D.

The first of these pamphlets is a reprint from *Virginia Medical Monthly*. The last is a reply to a circular from Drs. E. R. Peaslee, T. A. Emmet and T. Gaillard Thomas. These gentlemen are in a muss, just as many others have been. The right and wrong of the matter is likely to be decided by each just as he believes and trusts the statements of either party.

Incidentally we may remark that an overweening desire for notoriety seems to us the foundation of the trouble. It may be questioned whether there is wisdom in writing elaborate biographies of living men. As the pamphlet has been sent to the profession very extensively it can make its own comments.

Restriction and Prevention of Scarlet Fever. An eight page Circular Issued by the Michigan State Board of Health. 1877.

This document is evidently prepared with great care for popular distribution. It must do much to aid an intelligent public in mitigating the horrors of scarlet fever.

Viburnum Prunifoleum.—its Uses in the Treatment of the Diseases of Women. By Edward W. Jenks, M.D. Paper; pages, 6. Reprint from Vol. 1, Gynæcological Transactions.

An excellent account of a relatively new but valuable therapeutic agent.

Function of the Uvula and the Prominence formed by the Azygos Uvulæ Muscles, and Simple Mode of Cleansing the Nasal and Pharyngo-Nasal Passages. By Thomas F. Rumbold. Reprinted from the *St. Louis Medical Journal.*

A Case of Abdominal Pregnancy Treated by Laparotomy. By Dr. T. Gaillard Thomas. Reprint from Vol. 1, Gynæcological Transactions.

Analysis of Seven Hundred and Seventy-four Cases of Skin Disease. By Dr. L. D. Bulkley. Reprint from *N. Y. Medical Journal*, 1877.

Sixth Abstract of the Annual Reports of the County Superintendents of the Poor of the State of Michigan. 1876. Paper; pages, 70.

Influence of Climate on Pulmonary Diseases in Minnesota. By F. Staples, M.D. Reprint from Transactions of Amer. Med. Association. 1876.

Propositions in Regard to Animal Vaccination. By Frank P. Foster, M.D. Reprint from Transactions of the Academy. Vol. 1, series No. 2.

Importance of the Uterine Ebb as a Factor in Pelvic Surgery. By Horatio R. Stover, M.D. Reprint from *Edinburgh Med. Journal*, Jan., '77.

On the Nomenclature and Classification of Diseases of the Skin. By L. Duncan Bulkley, M.D. Pages, 10. Reprint from Archives of Dermatology.

PNEUMATIC PRESSURE AND THE GENU PECTORAL POSTURAL IN THE REDUCTION OF UTERINE LUXATIONS. By A. Sibley Campbell, M D. Reprint from *Amer. Journal of Obstetrics.* Jan., '77.

ON SEXUAL DEBILITY AND IMPOTENCE. By Samuel W. Gross, M.D. Reprint from *Medical and Surgical Reporter*, May 5, 1877.

THE PROPHYLACTIC TREATMENT OF PLACENTA PREVIA. By Dr. T. Gaillard Thomas. Reprint from *American Practitioner*, May, '77.

REPORTS OF THE CITY PHYSICIAN, BOARD OF HEALTH AND SANITARY ENGINEER OF THE CITY OF CONCORD, N. H. 1876–7. Paper; pages, 39.

DEDICATORY EXERCISES OF THE NEW BUILDINGS OF RUSH MEDICAL COLLEGE. History of the College, etc. Paper, pages, 46. 1877.

MILK SICKNESS. By Dr. W. H. Phillips. Reprint from Cincinnati *Lancet and Observer.*

REPORT ON DERMATOLOGY. By Lunsford P. Yandell, jr., M.D. Reprinted from *American Practitioner.*

PUBLIC ACTS OF THE LEGISLATURE OF THE STATE OF MICHIGAN FOR 1877. First forms of the entire work.

TWO CASES OF MORPHŒA. By L. Duncan Bulkley, M.D. Reprint from Archives of Dermatology, 1877.

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## Meteorological Report of Detroit for June, 1877.

BY C. HENRI LEONARD, M. D., OBSERVER FOR STATE BOARD OF HEALTH.

BAROMETER.—Highest, 30.147; lowest, 29.425; range, .722; daily average, 29.883.

TEMPERATURE.—Highest, 85°; this was at the 2 P. M. observation of the 18th; lowest, 42°; this on the night of the 23d; range, 43°; daily average, 67.2°. This has been, in compari-

son with other years, a *cool* June. The highest registration is from three to eight degrees less than the highest of previous Junes; the minimum registration, with but one exception (in 1875) the lowest by from two to twelve degrees has been registered in the last five years. The daily average has been less, by from one to two degrees, than that of the previous five Junes, save that of '75; that year, the daily average was the same as this one. We had hotter weather in this year's May than in June.

WINDS.—Prevailing direction, south-west (13 days south-west). Greatest velocity, 36 miles; total number of miles traveled, 4,452, a gain of some 200 miles over last month. At two observations there were "calms," viz., on the morning of the 7th and the evening of the 10th.

CLOUDS.—Number of clear days, 7; cloudy, 10; rainy, 17.

RAINFALL.—Total precipitation, 4.80. Day of greatest rainfall was the 9th, the precipitation was then 1.35 inches. In '73 we had 5.18; in '74, 4.53; in '75, 3.25; in '76, 1.51 inches; hence this has been a *rainy* month.

MOISTURE.—Highest absolute humidity was at the evening observation of the 30th; 8.08 grains per each cubic foot of air was then present. This was not the day of highest temperature. On the afternoon of the 18th we had the highest temperature, which was *two* degrees higher than that of the afternoon of the 30th, when (the 30th) 8.05 grains of moisture were present. On the afternoon of the 18th 6.71 grains of moisture were present; at twelve other observations of *lower* temperature more moisture was present. The highest "relative" humidity was 94 per cent.; this was on the mornings of the 16th, 26th, and 28th; the "absolute" at these observations was respectively 6 29, grains, 6.93 grains, and 6.29 grains.

OZONE.—Comparatively absent, on the 26th, after a 24 hour exposure, the paper was discolored to 1 on the scale. "Traces" were noticed nearly every day.

FOGS—Were present on mornings of the 25th, 27th and 28th. The 7th was "hazey" at the three observations, an unusual occurrence.

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*PHILADELPHIA, 1876.*

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| **ALTERATIVE.** (Dr. C. C. Cox.) Dose, 2 to 4. | Mass. Hydrarg.....<br>Pv. Rhei.....<br>Sodii Bi. Carb.....aa. 1 gr. | .50 |
| **ANODYNE.** Dose, 1 to 2. | Pv. Camphoræ .....1 gr.<br>Morphiæ Acetat...1-20 gr.<br>Ext. Hyoscyami.....1 gr.<br>Ol. Res. Capsici...1-20 gtt. | .75 |
| **ANTI-PERIODIC.** Dose, 1 to 3. | Cinchonidiæ Sulph...1 gr.<br>Res. Podophylli....1-20 gr.<br>Strychniæ Sul.....1.33 gr.<br>Gelsemin .....1-20 gr.<br>Ferri Sulph. Exs....1-2 gr.<br>Ol. Res. Capsici...1-10 gtt. | .80 |
| **CAMPHOR ET EXT. HYOSCYAMUS.** Dose, 1 to 2. | Camphoræ.....1 gr.<br>Ext. Hyoscyami Eng .1 gr. | .50 |
| **CATHART.:** Comp., | U. S. P..... | .50 |
| **CATHART.:** Comp., Vegetable. Dose, 2 to 3. | Podophyllin, Scammony...<br>Ext. Colocynth.....<br>Aloes, Soap and Cardamon | .50 |
| **CATHART.:** Comp., Cholagogue. Dose, 1 to 3. | Res. Podophylli...1-2 gr.<br>Pil Hydrarg.....1-4 gr.<br>Ext. Hyoscyami ....1-8 gr.<br>Ext. Nuc. Vom....1-16 gr.<br>Ol. Res. Capsici... 1-8 gtt. | .50 |
| **EMMENAGOGUE.** Dose, 1 to 3. | Ergotine.....1 gr.<br>Ext. Hellebor Nig....1 gr.<br>Aloes Soc.....1 gr.<br>Ferri Sul. Exs.....1 gr.<br>Ol. Sabinæ.....1-2 gtt. | 1.40 |
| **FERRI IODID.** | Dose, 1 to 2 ... .....1 gr. | .80 |
| **FERRI ET STRYCHNIA CIT.** Dose, 1 to 2. | Ferri Cit.....1 gr.<br>Strych. Cit.....1-50 gr. | .75 |
| **IODOFORM ET FERRI.** Dose, 1 to 2. | Iodoform .....1 gr.<br>Ferrum.....1 1-4 gr. | 2.50 |
| **NEURALGIC.** (Brown-Sequard.) Dose, 1 Pill. | Ext. Hyoscyami.....2-3 gr.<br>Ext. Conii.....2-3 gr.<br>Ext. Ignat Am.....1-2 gr.<br>Ext. Opii.....1-2 gr.<br>Ext. Aconiti.....1-3 gr.<br>Ext. Cannab. I.....1-4 gr.<br>Ext. Stramon.....1-5 gr.<br>Ext. Bellad .... ....1-6 gr. | 2.00 |

| | | PRICE PER 100 |
|---|---|---|
| **NEURALGIC.** Dose, 1 to 2. | Quiniæ Sulph.....2 gr.<br>Morphiæ Sulph....1-20 gr.<br>Strychniæ.....1-30 gr.<br>Acid Arsenious.....1-20 gr.<br>Ext. Aconiti.....1-2 gr. | $3.00 |
| **OPII ET CAMPHORÆ ET TANNIN.** Dose, 1 to 3. | Pulv. Opii .....1-4 gr.<br>Camphoræ..... ....1 gr.<br>Acid Tannic.....2 grs. | .80 |
| **PHOSPHORI.** | .....1-25 gr. 1-50. 1-100 gr. | 1.00 |
| **PHOSPHORI COMP.** | Phosphorns .....1-100 gr.<br>Ext. Nuc. Vomicæ ..1-4 gr. | 2.00 |
| **PHOSPHORI ET NUCIS VOMICÆ.** | Phosphorus.....1-50 gr.<br>Ext. Nuc. Vomicæ..1-4 gr. | 2.00 |
| **PHOSPHORI ET FERRI ET NUC. VOM.** | Phosphorus .....1-100 gr.<br>Ferri Carb. (Vallet's), 1 gr.<br>Ext. Nuc. Vomicæ..1-4 gr. | 2.00 |
| **PHOSPHORI ET FERRI ET QUINIÆ.** | Phosphorus .....1-100 gr.<br>Ferri Carb. (Vallet's), 1 gr.<br>Quiniæ Sulph.....1 gr. | 2.90 |
| **PHOSPHORI ET FERRI ET NUC. VOM. ET QUINIÆ.** | Phosphorus.....1-100 gr.<br>Ferri Carb. (Vallet's), 1 gr.<br>Ext. Nuc. Vom.....1-8 gr.<br>Quiniæ Sulph. .....1 gr. | 2.90 |
| **QUINIÆ COMP.** Dose, 1 to 2. | Quin. Sulph.....1 gr.<br>Ferri Carb. (Vallet's) 2 grs.<br>Acid Arsenious ...1-60 gr. | 1.75 |
| **QUINIÆ ET FERRI ET STRYCH. PHOS.** Dose, 1 to 2. | Quinia Phos.....1 gr.<br>Ferri Phos.....1 gr.<br>Strychniæ Phos....1-60 gr. | 1.75 |
| **RHEI COMP. U. S. P.** Dose, 2 to 4. | Pulv. Rhei.....2 grs<br>Pulv. Aloes Socot.1 1-2 grs.<br>Myrrh.....1 gr.<br>Ol. Menth Pip..... | .75 |
| **SEDATIVE.** Dose, 1 to 2. | Ext. Sumbul.....1-2 gr.<br>Ext. Valerianæ.....1-2 gr.<br>Ext. Hyoscyami.....1-2 gr.<br>Ext. Cannab Ind...1-10 gr. | .75 |
| **TONIC.** Dose, 1 to 2. | Ext. Gentianæ.....1 gr.<br>Ext. Humuli.....1-2 gr.<br>Ferri Carb. Sacch...1-4 gr.<br>Ext. Nuc. Vomicæ.1-20 gr.<br>Res. Podophylli....1-25 gr.<br>Ol. Res. Zingiber..1-10 gtt. | .60 |
| **TRIPLEX.** Dose, 2 to 4. | Aloes Socot.....2 grs.<br>Mass. Hydrarg .....1 gr.<br>Podophyllin..... ..1-4 gr. | .75 |
| **PODOPHYLLIN, COMP.** Cathartic, Tonic. Dose, 1 to 2. | Podophyllin.....1-2 gr.<br>Ext. Hyoscyam.....1-8 gr.<br>Ext. Nuc. Vomicæ.1-16 gr. | .75 |

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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

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**PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.**

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced by hydrogen.

**EXTRACT SUMBUL,** (Musk Root,) ..... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmodic disorders, particularly in that class of cases where assafœtida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

**SALICYLIC ACID PILLS,** ..... 2½ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

**EXTRACT GRINDELIA ROBUSTA PILLS,** ..... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

**EXTRACT GUARANA PILLS,** ..... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the *drug* varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

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**QUININE, SULPHO-CARBOLATE,**.....1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

**PHOSPHIDE ZINC,**.....1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

**PHOSPHIDE ZINC AND NUX VOMICA,** (Hammond's formula.)

**IODIDE OF IRON,** (Blancard's formula,).....1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

**MONOBROMATED CAMPHOR,**.....2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

**QUININE, SULPHATE & BI-SULPHATE,** ¼, ½, 1, 1½, 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 292.

**QUININE, CARBOLATE,**.....1 gr.

**QUININE, SALICYLATE,**.....1 gr.

**QUININE, VALERIANATE,**.....½ gr.

**CINCHONIDIA, SULPHATE,**.....1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

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Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

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Representing this combination in the most agreeable and reliable form.

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Acid, Arsenious....1-50, 1-40, 1-30 and 1-20 gr.
*Acid, Salicylic.....2 1-2 and 5 grs.
Aloes, U. S.....4 grs.
Aloes and Assafœtida, U. S.....4 grs.
Aloes and Iron.....3 grs.
{ Pulv., Aloes, Soc., 1-3 gr.
Pulv., Zingib. Jam., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Extract, Conii, 1-2 gr. }
Aloes and Myrrh, U. S.....
Aperient.....
{ Ext., Nucis Vom., 1-3 gr.
Ext., Hyoscyami, 1-2 gr.
Ext., Coloc. Comp., 2 grs. }
Assafœtida.....2 grs.
{ Assafœtida, 1 1-2 grs.
Pulv., Saponis, 1-2 gr. }
Assafœtida, U. S.....4 grs.
{ Assafœtida, 3 grs.
Pulv., Saponis, 1 gr. }
Assafœtida and Nux Vomica.....
{ Assafœtida, 3 grs.
Ext., Nucis Vom., 1-4 gr. }
*Atropia.....1-60 gr.
*Belladonna Extract.....½ gr.
Bismuth, Subnitrate.....3 and 5 grs.
Blue Pill, U. S.....1, 3 and 5 grs.
Calomel.....1-2, 1, 2, 3 and 5 grs.
Camphor and Henbane.....
{ Camphora, 1 gr.
Ext. Hyoscyami, 1 gr. }
*Camphor, Mono-Bromated.....2 and 3 grs.
Cannabis Indica Extract.....1-2 gr.
Cathartic Compound, U. S.....
Cathartic Vegetable.....3 grs.
{ Ext., Col. Comp., pulv., 1 1-2 grs.
Res., Podophylli, - - 3-8 "
Res., Leptandræ, - - 1-8 "
Jalapæ pulv, - - - 1-4 "
Aloes Socotrin pulv. - 1-2 "
Ext., Hyoscyami, - - 1-4 "
Ol., Menthæ Pip. }
Chinoidine.....1-2, 1 and 3 grs.
Cinchonia, Sulphate.....2 grs.
Cinchonidia, Sulphate.....1, 2 and 3 grs.
Colocynth, Comp. Extract.....3 grs.
Colocynth, Ipecac and Blue.....
{ Ext. Coloc. Comp., pulv., 2 grs.
Pulv. Ipecacuanhæ, 1-6 gr.
Pil., Hydrarg., 2 grs. }
Cook's.....3 grs.
{ Pulv., Aloes, Soc. 1 gr.
Hydrarg., Chlor., Mite, 3-4 gr.
Pulv., Rhei., 1 gr.
Pulv., Saponis, 1-4 gr. }
Copaiba.....3 grs.
Copaiba and Oleo-Resin Cubebs.....3 grs.
{ Pil., Copaibæ, 2 grs.
Oleo-Resin Cubebæ, 1 gr. }
Copaiba and Oleo-Resin Cubebs.....5 grs.
{ Pil., Copaibæ, 3 grs.
Oleo-Resin Cubebæ, 2 grs. }
*Corrosive Sublimate....1-40, 1-30 and 1-20 gr.
*Digitalin, pure.....1-60 gr.
Dinner (Cole's).....
{ Pil., Hydrarg., 1 1-5 grs.
Pulv. Aloes, Soc., 1 1-5 grs.
Pulv. Jalapæ, 1 1-5 grs.
Ant. et Pot., Tart., 1-50 gr. }
Dinner (Lady Webster's).....3 grs.
{ Pulv., Aloes, Soc., 1 4-5 grs.
Pulv., Mastiches, 3-5 gr.
Pulv. Rosæ, Gallicæ, 3-5 gr. }
*Emmenagogue.....
{ Ergotin, - - 1 gr.
Ext., Helleb., Nig., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Aloes, Soc., Pulv., 1 gr.
Ol. Sabinæ, 1-4 gr. }
*Ergotin.....3 grs.
Ferruginous (Blaud).....3 and 5 grs.
{ Ferri, Sulphas.
Potassæ, Carb. aa }
*Grindelia Robusta Extract.....3 grs.
*Guarana Extract (Paullinia).....3 grs.
*Henbane, Extract.....1 gr.
Hepatic.....
{ Pil., Hydrarg., 3 grs.
Ext., Coloc. Comp., 2 grs.
" Bellad., 1-4 gr. }
Hooper's.....2½ grs.

Hypophosphites, Compound.....
{ Calcii, Hypophos., 1 gr.
Sodii, " 3-4 gr.
Potassii, " 1-2 gr.
Ferri, " 1-4 gr. }
*Iodide of Iron (Blancard's formula).....1 gr.
Iodoform .....1 gr.
Iodoform and Iron.....2 grs.
Ipecac & Opium (Dover's Powder, U.S.) 2½ grs.
Ipecac & Opium (Dover's Powder, U. S.) 5 grs.
Iron by Hydrogen (Quevenne's).... 1 and 2 grs.
Iron, Citrate and Quinine.....1 and 2 grs
Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.
Iron, Proto-Carb. (Vallet's Mass.).....5 grs.
*Iron, Proto-Chloride.....1 gr.
Iron, Quinine and Strychnine.....
{ Ferrum, Redactum, 1 gr.
Quiniæ, Sulphas, 1 gr.
Strychnia, 1-60 gr. }
Laxative (Cole's) .....
{ Res., Podophylli, - 1-10 gr.
Hydrarg., Chlor., Mite, 1 gr.
Ext. Col. Comp., pulv., 3 grs. }
Lime, Lacto-Phosphate.....5 grs
*Mercury, Bin-Iodide .....1-25 and 1-16 gr.
*Mercury, Prot-Iodide.....1-5, and 1-4 gr.
Morphine, Acetate.....1-8 and 1-4 gr.
*Morphine, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphine Valerianate.....1-8 gr.
Neuralgia (Brown-Sequard).....
{ Ext., Hyoscyami, 2-3 gr.
" Conii, 2-3 gr.
" Ignatii Amarae, 1-2 gr.
" Opii, 1-2 gr.
" Aconiti, 1-3 gr.
" Cannab. Indicæ, 1-4 gr.
" Stramonii, 1-5 gr.
" Belladonnæ, 1-6 gr. }
Neuralgia (Dr. Gross').....
{ Quiniæ, Sulphas, 2 grs.
Morphiæ, Sulphas, 1-20 gr.
Strychnia, 1-30 gr.
Acid Arseniosum, 1-20 gr.
Ext., Aconiti, 1-2 gr. }
Neuralgia, (Dr. Gross',) as above, without Morphine.
Nux Vomica Extract.....1-2 gr.
Opium, U. S.....1 gr.
*Opium Extract.....1-4, 1-2 and 1 gr.
Opium and Acetate of Lead.....2 grs.
{ Opii, Pulv., 1 gr.
Plumbi, Acet., 1 gr. }
Opium and Camphor.....
{ Opium, 1 gr.
Camphora, 2 grs. }
Pepsin.....5 grs.
Pepsin and Bismuth.....5 grs.
{ Pepsin, 2 grs.
Bismuth, Sub-Nit., 3 grs. }
Pepsin, Bismuth and Strychnine.....5 grs.
{ Pepsin, 2 1-2 grs.
Bismuth, Sub-Nit., 2 1-2 grs.
Strychnia, 1-60 gr. }
Phosphates Iron, Quinine and Strychnine.....
{ Ferri, Phosphas., 2 grs.
Quiniæ, Phosphas, 1 gr.
Strychniæ, Phosphas, 1-60 gr. }
Phosphorus.....1-100, 1-50, 1-20 and 1-12 gr.
Phosphorus Compound.....
{ Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound.....
{ Phosphorus, 1-100 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound and Iron.....
{ Phosphorus, 1-100 gr.
Ferri, Phosphas, 1-2 gr.
Ext., Nucis Vomicæ, 1-8 gr. }
Podophyllin.....1-4, 1-2 and 1 gr.
Podophyllin Compound.....
{ Podophyllin, 1-2 gr.
Ext., Hyoscyami, 1-8 gr.
Ext., Nucis Vomicæ, 1-16 gr. }
Podophyllin and Blue.....
{ Podophyllin, 1-2 gr.
Pil., Hydrarg., 2 1-2 grs. }
Podophyllin, Capsicum and Belladonna.....
{ Podophyllin, 1-4 gr.
Ext., Bellad. Alc., 1-8 gr.
Pulv., Capsici, 1-2 gr. }
Podophyllin, Ext., Coloc. and Belladonna ....
{ Podophyllin, 1-2 gr.
Ext., Coloc. Comp., 2 grs.
" Belladon., 1-4 gr. }

*Quinine, Carbolate.....1 gr.
*Quinine, Salicylate.....1 gr.
*Quinine, Sulphate & Bi-Sulphate, 1-4 & 1-2 gr.
Quinine, Sulphate and Bi-Sulphate.....1 gr.
Quinine, Sulphate and Bi-Sulphate....1½ grs.
Quinine, Sulphate and Bi-Sulphate.....2 grs.
Quinine, Sulphate and Bi-Sulphate.....3 grs.
Quinine, Sulphate and Bi-Sulphate.....4 grs.
Quinine, Sulphate and Bi-Sulphate.....5 grs.
*Quinine, Sulpho-Carbolate ....1, 2 and 3 grs.
Quinine and Aloes.....1 gr.
{ Quiniæ, Sulphas, 3-4 gr.
Pulv., Aloes, Soc., 1-4 gr. }
Quiuine, Arsenic and Nux Vomica.....
{ Quiniæ, Sulphas, 1 gr.
Acid, Arsenosum, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine and Iron.....
{ Quiniæ Sulphas, 1 gr.
Ferrum Redactum, 1 gr. }
Quinine and Carbonate Iron,.....
{ Quiniæ, Sulphas, 1 gr.
Ferri, Sub. Carb, 2 grs. }
Quinine, Phosphorus and Nux Vomica.....
{ Quiniæ, Sulphas, 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-40 gr. }
Quinine, Phosphorus and Nux Vomica.....
{ Quiniæ, Sulphas., 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine Compound.....
{ Quiniæ, Sulphas, 1 gr.
Ferrum, Redact., 1 gr.
Acid, Arseniosum, 1-32 gr. }
Quinine Compound and Extract Dandelion....
{ Quiniæ, Bi-Sulph., 1 1-4 grs.
Ferri, Sulph., Exsic., 2 grs.
Acid, Arseniosum, 1-24 gr.
Extract, Taraxici, 1 1-4 grs. }
Quinine Compound and Strychnine.....
{ Quiniæ, Sulphas., 1 gr.
Ferrum, Redactum, 1 gr.
Strychnia, 1-20 gr.
Acid, Arseniosum, 1-20 gr. }
Quinine, Valerianate.....1-2 gr.
Rheumatic .....
{ Ext., Coloc. Comp., 1 1-2 grs.
Ext., Colch. Acet., 1 gr.
Ext., Hyoscyami, 1-3 gr.
Hydr., Chlor., Mite, 1-3 gr. }
Rhubarb, U. S.....
Rhubarb Compound, U. S.....
Santonin.....1 gr.
Santonin and Calomel.....
{ Santonin, 1 gr.
Calomel, 1 gr.
Chocolate. }
*Sodium, Salicylate.....5 grs.
Strychnine.....1-60, 1-40 and 1-30 gr.
*Strychnine Compound.....
{ Strychnia, 1-100 gr.
Phosphorus, 1-100 gr.
Ext. Cannab. Indic., 1-16 gr.
Ginseng, 1 gr.
Ferri, Carb., 1 gr. }
*Sulphur, Iodide.....1-25 and 1-10 gr.
*Sumbul, Extract.....1 gr.
Syphilitic (Ricord's modified).....
{ Hydr. Prot-Iodide, 1-2 gr.
Lactucarium, - 1-2 gr.
Ext., Opii, - - 1-10 gr.
Ext., Cicutæ, - 1½ grs. }
Tonic (Dr. Aiken).....
{ Quiniæ, Sulph., 1 gr.
Acid, Arseniosum, 1-50 gr.
Ferrum, Redactum, 2-3 gr.
Strychnia, 1-50 gr. }
Triplex .....
{ Extract Aloes, 2 grs.
Podophyllin, 1-2 gr.
Pil., Hydrarg., 1-2 gr. }
Triplex (Dr. Francis) .....
{ Pulv., Aloes, Soc. Pil., Hydrarg.
Pulv., Scammonii. Ol., Tiglii.
Pulv., Myrrhæ. Ol., Carui. }
Valerian Extract.....3 grs.
*Zinc, Phosphide.....1-6, 1-4 and 1-2 gr.
*Zinc, Phosphide and Ext. Nux Vomica.....
{ Zinci, Phosphuretum, 1-10 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Zinc, Valerianate.....1 gr.

*Quality will always be maintained*, all ingredients and preparations, which we use and manufacture, *being carefully tested by a competent analytical chemist, employed by us for that purpose.* The unreliability of many of the granules of Morphia, Strychnia, Corrosive Sublimate, and other important poisonous substances, having been the source of much concern to physicians, and danger to their patients, *we would state that we have, in our laboratory, a system of checking and witnessing the weights of all poisons used, and registering in a book, kept for that purpose, with the names of witness (always a competent person) and operator.* Our machines for division of the substances are *so carefully and correctly constructed, as to insure an exactness*, in even the smallest granules, never before maintained in this class of preparations, and this precision applies as well to the larger pills. We can, therefore, afford assurance to the physician of *correct weight and perfect division.* We call attention to the small size of our gelatine coated granules, less excipient being thereby required.

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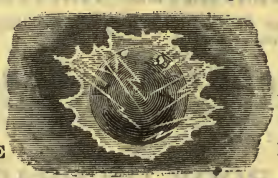

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| Sugar of Milk | 20 oz. | Ptyalin or Diastase | 1 dr. |
| Pepsin (Pure) | 4 " | Lactic Acid | 2½ fl. " |
| Pancreatine (Pure) | 3 " | Hydrochloric Acid | 2½ fl. " |

**Powder and Mix.**

The digestive power of LACTOPEPTINE is invariably tested, so as always to insure perfect uniformity.

LACTOPEPTINE, as well as other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

*One ounce sent by mail, prepaid, on receipt of* ..... **$ 1.00**
*One pound " " " " " "* ..... **13.00**
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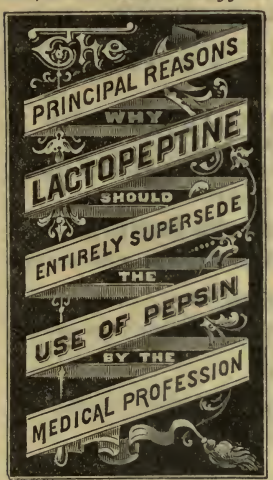
This preparation has now been in the hands of the Medical Profession for over two years during which time its therapeutic value has been most thoroughly established in cases of *Dyspepsia, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Head ache, and all diseases arising from imperfect nutrition.*

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5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

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